

Employer Guide *for* Retirement Coordinators



MARYLAND
STATE RETIREMENT
and PENSION SYSTEM

**A Resource for Employers
Helping Members**

410-625-5555 1-800-492-5909

www.maryland.gov

Maryland State Retirement Agency

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Dear Retirement Coordinator:

Thank you for your commitment to the members of the Maryland State Retirement and Pension System.

I am pleased to present the 2016 revised edition of the Employer Guide for Retirement Coordinators. This guide is the property of your employer.

Whether you're a seasoned coordinator or a newcomer, this reference guide was designed to equip you for your important role as a retirement coordinator. It provides information to help you answer basic member questions, comply with agency procedures and file required forms.

We appreciate your efforts on behalf of the Maryland State Retirement Agency (MSRA). We understand you have numerous duties beyond retirement support.

You are not alone! We are here to support you. Please call our staff if you need clarification of the material covered in this book or any other retirement matter.

I admire your dedication and appreciate your commitment. I hope this guide makes your job easier.

Respectfully,

A handwritten signature in black ink, appearing to read "Karen P. Simpson", with a long horizontal flourish extending to the right.

Karen P. Simpson, M.A.
Education and Training Manager

How to Use this Resource Guide

We understand coordinators will reach for this *Employer Guide for Retirement Coordinators* at different times with a need for varying levels of information. Sometimes coordinators will need a quick answer to an employee's question. On other occasions coordinators will want to know in detail how to properly complete one of the Maryland State Retirement and Pension System (MSRPS) forms. For easy reference, take a moment to read the following tips on the best way to use this manual.

When a coordinator wants a brief overview of the State Retirement System and their role as a retirement coordinator...

Turn to the first section, "I. Before You Begin." Coordinators will also find important Maryland State Retirement Agency (MSRA) phone numbers, what assistance our Member Services Division can provide; instructions on dealing with member inquiries, and information about confidentiality of member information.

When an employee needs a brief answer to a question or, coordinators need general instructions on how to guide an employee through enrollment, purchasing service or applying for disability...

Go to section, "II. At a Glance" for checklists, filing deadlines and a description of the proper forms and procedures to follow for enrolling new members, making beneficiary changes, claiming credit, purchasing service, refunds, applying for disability allowance, contributions, service retirement, death benefits, and DROP participation. In this section coordinators will find charts with a detailed comparison of major retirement benefits by system. Agency codes are listed at the end of the section for handy reference.

When coordinators need specific instructions on how to properly complete retirement agency forms...

Section "III. Forms" contains detailed instructions on how to complete essential retirement agency forms. Special tips and reminders on when to include supporting documents such as an unexpired driver's license or birth certificate are also included.

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I. Before You Begin

A. The Maryland State Retirement Agency

Origins of the Maryland State Retirement and Pension System

The Maryland State Retirement System was created in 1927 to provide retirement benefits to teachers employed by the State of Maryland. Today, the Maryland State Retirement and Pension System (MSRPS) is responsible for properly administering retirement, disability, and death benefits to State employees, teachers, law enforcement officers, legislators, judges, as well as local government employees, law enforcement officers, and correctional personnel whose employers have elected to participate in the System. The System currently provides monthly allowances to more than 148,000 retirees and beneficiaries, and is an essential element of the future financial security for over 193,000 active participating members.

System Administration

The Maryland State Retirement Agency (MSRA) administers all operations of the Maryland State Retirement and Pension System, from pension fund investments to the payment of member benefits. The Board of Trustees oversees investments and formulates System policies.

The Member Services Unit

The Member Services Unit handles benefits counseling and member communications. Our retirement benefit specialists are committed to assisting our members in understanding their retirement benefits via phones, one-on-one counseling, correspondence and seminars. Specialists are able to help our members understand their benefits and option selections for all retirement and pension systems, types of retirement and survivor benefits. Specialists can explain a member's annual Personal Statement of Benefits (PSB), confirm information on file such as enrollment date, address, service credit and retirement eligibility, and explain a recent estimate or service credit purchase invoice. Member Services also handle disability claims and appeals.

The Member Services Unit is the main contact for member matters. Coordinators can reach us by email at sra@sra.state.md.us or phone at 410-625-5555 or 1-800-492-5909. We are located in Baltimore at 120 East Baltimore Street, 14th floor.

B. Employer Designation of a Retirement Coordinator

Retirement Coordinator Designation

Employers may designate more than one coordinator to serve as liaisons between the employer and the State Retirement Agency. A separate form must be used to designate each coordinator. To designate a retirement coordinator, the employer's appointing authority completes and signs the *Designation/Removal of Retirement Coordinator* (Form 214).

Appointing Authority

According to State Personnel and Pensions Article §1-101(b) an "Appointing authority" means an individual or a unit of government that has the power to make appointments and terminate employment. A retirement coordinator cannot designate him or herself.

Primary Coordinator

Employers with more than one coordinator may designate a primary coordinator to receive all notices or reports such as the Enrollment Exception Report. Employers may designate only one "primary" coordinator.

Retirement Coordinator Removal

Employers remove coordinators no longer designated to receive information using the *Designation/Removal of Retirement Coordinator* (Form 214).

C. Retirement Coordinator and MSRPS

Statewide Network

There are approximately 700 employer designated certified retirement coordinators whose employers participate in the Maryland State Retirement and Pension System (MSRPS).

Retirement Coordinator Responsibilities

Coordinators have responsibilities to their employer, the retirement agency and our members.

Retirement Coordinator Meetings

Coordinators must attend the MSRA annual retirement coordinators' meeting in June to keep coordinators up-to-date about legislation, retirement forms, policies, procedures and their role as a retirement coordinator.

Retirement Coordinator Certification

The retirement agency requires all retirement coordinators to become certified within the first year of being designated by their agency; and to be recertified every five years. The purpose of certification is to ensure all members are receiving the same help and assistance regardless of where they work.

The online certification evaluation is an open-book certification assessment. Coordinators are registered for the evaluation by the retirement agency. Coordinators may use any MSRA materials including this Guide, our website, forms and system pamphlets.

Retirement Coordinator Meetings

Coordinators must attend the MSRA annual retirement coordinators' meeting in June to keep coordinators up-to-date about legislation, retirement forms, policies, procedures and their role as a retirement coordinator.

Retirement Coordinator Workshops

The retirement agency hosts regional retirement coordinator workshops to provide training about specific retirement coordinator responsibilities. All coordinators are required to attend the Disability workshop before their second year of being designated.

Employer Verification

Designated retirement coordinator's prime responsibility is to assist members in the completion and submission of retirement forms. Coordinators sign retirement forms verifying member information such as work history, salary and unused sick leave balances submitted to MSRA. Coordinators carefully review all forms and supporting documents before submitting them to MSRA; notarize forms when necessary; include the coordinator's contact information on all documents; and submit forms to MSRA in a timely manner.

Member Support

Retirement coordinators are an important link in the MSRPS communication chain. Coordinators provide members with MSRPS literature about retirement benefits and the proper retirement forms; and inform members of filing deadlines to enroll, purchase or transfer service credit, retire, or update a member's retirement account. Coordinators play an important role in disseminating information, such as our quarterly newsletter, to employees.

Retirement Coordinator Limitations

Retirement coordinators are not employees or agents of the Maryland State Retirement Agency. Coordinators are not authorized to counsel members or provide them with specific retirement benefit or account information. This guide is designed to help coordinators to know when to call or direct members to contact MSRA for assistance.

Coordinator Support

We regularly communicate with coordinators by e-mail, in writing, by phone, and in person, to keep them informed and able to respond to member needs. Coordinators are also registered by MSRA for the online MSRA Resource Center. The Resource Center provides on-line registration, informational videos and is a communication resource for all employer designated retirement coordinators.

D. Policies to Guide Coordinators

Member Queries

Laws and procedures governing the pension plans are very complex. **Retirement Coordinators are not employees or agents of the Maryland State Retirement Agency (MSRA); and are not authorized to provide specific benefit information.** Please direct members and retirees to call the retirement agency when they have specific questions or need assistance with retirement benefit matters.

Important Agency Phone Numbers

Retirement Coordinator Education Manager	410-625-5503	ksimpson@sra.state.md.us
Member Services	410-625-5555	
Toll-free	1-800-492-5909	
TDD/TYY	410-625-5535	
Disability-Terminal	410-625-5523	
Employer Payroll	410-659-8410	
Member Enrollment	410-625-1414	

Important Agency FAX Numbers

Retirement Coordinators	410-468-1708
Disability	410-468-1659
Death Benefits	410-468-1713
Retirement Applications/Estimates	410-468-0648
Refunds	410-468-1713
Unused Sick Leave Recertification	410-468-1713

Member Privileges

This book is a guide for retirement coordinators to assist members. It is not designed to answer every question. As noted above, members and coordinators should call the retirement agency when they have questions or need assistance with specific benefit matters. If there are questions of interpretation, the provisions of Division II and III of the State Personnel and Pension Article of the Annotated Code of Maryland and Code of Maryland Annotated Regulations (COMAR) takes precedence in resolving questions regarding the policies and benefits of the Maryland State Retirement and Pension System.

If a member disagrees with information concerning his or her account or entitlement to benefits, they may submit a written request for reconsideration. If they are still dissatisfied after reconsideration, the Board of Trustees may grant the individual an administrative hearing.

Any request for an appeal must be filed in writing to the executive director of the Maryland State Retirement Agency. Time limits apply. Please contact a benefits specialist for additional information.

Confidentiality

Under Maryland's Public Information Act, all information in a member's retirement account is confidential. The retirement agency can only disclose information to the member who holds the account. Authorization to release information to a third party must be furnished in writing by the member. There are exceptions to this rule including (but not limited to):

- The member's employer.
- After the death of the member, the member's beneficiary, personal representative, or other person who has a valid claim to the member's benefits.
- If a court orders the release of information, the retirement agency must comply.

As an employer's designee, coordinators have the authority to release confidential information to the retirement agency, to execute retirement forms and other documents on behalf of their employer, provide

the retirement agency with requested information regarding the employment status of employees, and to receive retirement account information necessary to assist members.

To protect member confidentiality, employers must remove coordinators no longer designated to receive information using the *Designation/Removal of Retirement Coordinator* (Form 214).

Confidentiality Limitations: The exceptions do not permit MSRA to release retirement allowance amount, estimates or medical diagnosis from medical files to retirement coordinators without the written consent of the employee.

DESIGNATION / REMOVAL OF RETIREMENT COORDINATOR

FORM 214 (REV. 10/10)

- ☐ Coordinator
- ☐ Address
- ☐ Name

☐ Primary Coordinator

Zip Code

Date: _____

Karen Simpson; Maryland State Retirement Agency; 120 E. Baltimore St.; Baltimore, MD 21202 or fax # 410-468-1708

DESIGNATION / REMOVAL OF RETIREMENT COORDINATOR

A retirement coordinator is an employee *designated* by an employer to serve as a liaison between the employer and the Maryland State Retirement Agency. They are *not* employees or agents of the Maryland State Retirement Agency, and therefore are not authorized to provide specific benefit information. Designated retirement coordinators sign retirement forms verifying member information such as work history, salary and unused sick leave balances submitted to MSRA.

Employers must complete the *Designation/Removal of Retirement Coordinator* (Form 214) for all retirement coordinators. A retirement coordinator cannot designate him or herself.

The form must be signed by the retirement coordinator's "appointing authority"

Employers may designate more than one coordinator. A separate form must be used to designate each coordinator. More than one location code can be indicated for each coordinator.

All employer designated retirement coordinators *must* attend the annual retirement coordinators' meeting each year; become *certified* by MSRA within the first year of being designated by their employer; and be recertified every five years.

Primary Coordinator

Employers may only designate one "primary" coordinator. A primary coordinator receives all notices or reports such as the Enrollment Exception Report. Please indicate all primary coordinator location codes.

Appointing Authority

According to State Personnel and Pensions Article §1–101(b) an "Appointing authority" means an individual or a unit of government that has the power to make appointments and terminate employment.

II. At A Glance

ORDERING RETIREMENT FORMS

FORM-041 Form Requisition – Order quantities of retirement forms.

MSRA Website Individual forms may be printed or downloaded from website sra.maryland.gov

Complete form to request retirement forms and pamphlets needed within the next six months. Don't over order. Forms are frequently updated. Please check the MSRA website for the most up-to-date form.

DOCUMENT FILING CHECKLIST

Retirement coordinators assist members in the completion and submission of forms to the State retirement office. Below are some general guidelines for filing forms.

- ☐ **Carefully Review the Completed Form:** Incomplete or inaccurate information will delay processing. It is essential that coordinators carefully review each form prior to submitting it to our office.
 - Full legal name including middle initial
 - Social Security Number
 - Member signed and dated form
 - Complete beneficiary information- name, address, SSN
 - Accurate salary information
 - Date of Birth
 - Current address
 - Coordinator printed name on form
 - Coordinator signed and dated form
 - Coordinator included direct phone number
- ☐ **Be Aware of Filing Deadlines:** Forms must be received by the retirement agency to meet filing deadlines. Late forms could either delay processing, payment or disqualify a member from obtaining the benefit. If not sure about a deadline, confirm it with our office.
- ☐ **Notarize When Necessary:** A number of forms require notarization. Incomplete or improper notarization will STOP processing. A Notary Public acknowledges the identity of the person signing the form, not the accuracy of the document. The document is legally binding if
 - The date the form was notarized is the same date the form was signed by the member or retiree.
 - The notary actually witnessed the signature;
 - The notary filled in name of person signing form, and
 - There are NO cross-outs or changes.

The notary and retirement coordinator may be the same person.

Faxed copies are acceptable if notary seal is clearly visible.
- ☐ **Send Related Forms Together**
- ☐ **Immediately Send Forms to MSRA:** Benefits are paid in accordance with forms on file with the retirement agency; not the employer. Send all forms to the retirement agency. Do not delay submission.

ENROLLMENT PACKET

Coordinators provide the following forms and documents to new employees prior to or when employment commences:

- ☐ Welcome to the...System Pamphlet
- ☐ Application for Membership
 - ☐ Form 1 Employees, Teachers, Corrections, LEOPS, State Police
 - ☐ Form 2 Legislative
 - ☐ Form 3 Judges
- ☐ Designation of Beneficiary*
 - ☐ Form 4 Employees, Teachers, Corrections, LEOPS, State Police*
 - ☐ Form 4.1 Judges*
 - ☐ Form 55 Legislative*
- ☐ MSRA Verification of Birth date – see ENROLLING NEW MEMBERS for acceptable “Proof of Birth” documents
- ☐ *Teacher’s only* - Signed Position Description

Coordinators at Higher Education institutions provide the following forms and documents to eligible Higher Education Teachers and Employees to elect to participate in the Optional Retirement Plan(ORP):

- ☐ Form 60 Election Not to Participate in the Teachers/Employees System by Faculty or Administrative Officers of Institutions of Higher Learning*
- ☐ Optional Retirement Plan Contract
- ☐ Community Colleges- Certification of Professional Position for Optional Retirement Program

Coordinators of elected and appointed officials elected or hired on or after 7/1/2015 provide the following form and questionnaire to individuals electing not to participate in the Employees’ Pension System:

- ☐ Form 60.15 Election Not to Participate – Appointed and Elected Officials

* must be notarized

ENROLLING NEW MEMBERS

FORMS & FUNCTIONS

All of the following forms and documents are to be submitted together to the retirement agency:

New enrollment forms are required when membership begins in a different plan or system.

Eligible members not properly enrolled are not entitled to benefits.

Eligible Teachers' positions COMAR 22.04.03:

- *Public School (02)*
- *Board of Education (03)*
- *University or State College (04)*
- *Community College (05)*
- *Public Library (06).*

Application for Membership – Provides basic personal information necessary to establish account.

- **Form 1** Employees, Teachers, Correctional Officers, LEOPS, State Police
- **Form 2** Legislative
- **Form 3** Judges

Designation of Beneficiaries – Names individuals, organizations, trust or estate to receive survivor benefits.

- **Form 4** Employees, Teachers, Correctional Officers, LEOPS, State Police
- **Form 4.1** Judges
- **Form 55** Legislative

Proof of Birth – Verifies member's age, a primary factor in determining eligibility for benefits.

Position Description

SPECIAL INSTRUCTIONS

Membership is mandatory for permanent (part/full time) employees budgeted to work at least 500 hours, not including overtime, in a fiscal year. Once enrolled, enrollment continues regardless of the number of hours worked.

Temporary, contractual, and emergency employees are not eligible for membership (§1-101, §13-101).

Optional Retirement Plan (ORP) eligible members', and appointed or elected officials' election not to participate in MSRPS is final, binding and irrevocable. See **OPTIONAL RETIREMENT PLAN** page 12.

Requires retirement coordinator completion and signature. See **FORM 1** Instructions on page 50 for eligible Teacher and Correctional Officer positions.

Transfer: If member indicates membership in a different State or local retirement or pension system, review transfer provision on back of Form 1. See **MSRPS TRANSFER CREDIT** page 18

Form must be notarized. See **BENEFICIARY DESIGNATION** page 11.

Birth Certificate or valid (unexpired): driver's license, U.S. passport, naturalization records, MD identification card, resident alien registration card

Teachers System *only*

FILING DEADLINE: At commencement of member's employment. COMAR 22.01.12.01 requires members to be enrolled within 30 days of 1st day of employment. See **ADMINISTRATIVE FEES** page 10.

Rehiring Retirees: Most retirees are not re-enrolled. Contact MSRA about Judges and Legislative retirees. MSRPS retirees and employers must notify the retirement agency in writing of date of reemployment, name of employer and anticipated earnings. **Maryland law § 23-407 (d) requires a minimum of 45 days between their retirement date and the date rehired by a MSRPS participating employer.**

Teacher Rehire/Retire Program: The Board of Education assigns coordinators the responsibility of rehiring retirees for this program. The Board will be subject to a penalty for failure to submit certification for reemployed retirees.

Encourage MSRPS retiree to contact MSRA if they have any reemployment questions. See **REEMPLOYMENT** on page 32.

ENROLLMENT EXCEPTION REPORTS

Enrollment Exception Reports-MSRA provides retirement coordinators a list of employees who are not properly enrolled. These reports help employers avoid administrative fees.

Membership is mandatory. All employees must be properly enrolled when first employed or when membership begins in a different plan or system.

Enrollment provides members with survivor, disability and other retirement benefits. Properly enrolled active members receive a Personal Statement of Benefits (PSB) in the Fall.

Designation of beneficiaries authorizes the Maryland State Retirement Agency to pay death benefits to beneficiaries chosen by the member or retiree. Otherwise benefits are paid to their estate.

NOTE: Incomplete, improperly notarized or forms with errors will result in AE status.

See ENROLLING NEW MEMBERS and BENEFICIARY DESIGNATION

The Enrollment Exception Report is often referred to as an AE (Automatic Enrollment) report of members automatically enrolled upon the receipt of payroll data or contributions.

If a coordinator does not receive a listing, then everyone was properly enrolled at the time the report was generated.

Review previously submitted forms before contacting retirement agency.

If a coordinator received a report in error, immediately fax a copy of the AE report with a note to 410.468.1708.

If a coordinator receives a listing, they have three weeks to:

1. Contact active employees on the AE report to submit properly completed forms to MSRA;
2. Indicate on the AE report the date forms were submitted for active employees or any other action taken;
3. Indicate on the AE report dates of terminated employees;
4. Questions? Contact the enrollments division supervisor at the phone number or e-mail printed on the report; and
5. Return the AE report with notes and copies of all forms to the Maryland State Retirement Agency.

FILING DEADLINE: Three weeks after receiving AE report, notify MSRA of terminated AE employees or submit supporting documents to correct status of member's account. Employers must enroll all eligible employees hired before April 1st by June 30th of the same fiscal year to avoid administrative fees.

ADMINISTRATIVE FEE: MSRA shall impose \$100 per employee per year administrative fee on participating employers for eligible employees hired before April 1st, still on payroll June 1st and not properly enrolled by June 30th of the same fiscal year. Payment is due 30 days after invoice date (COMAR 22.01.12.03). There is no waiver of fees.

BENEFICIARY DESIGNATION

FORMS & FUNCTIONS

Designation of Beneficiaries –

- **Form 4** Employees, Teachers, Correctional Officers, LEOPS, State Police
- **Form 4.1** Judges
- **Form 55** Legislative

Member or retiree designates individuals including minor children, other relatives, friends, estate, trustee or charitable organization to receive death benefits unless otherwise restricted by law.

Primary beneficiary (ies)-Survivor benefit will be equally distributed between primary designated beneficiaries.

Contingent beneficiary (ies) - Survivor benefits will be equally distributed between contingent beneficiaries only if all primary beneficiaries are deceased.

SPECIAL INSTRUCTIONS

Form must be notarized. Must provide complete address for each individual listed on form.

Enrollment: Members must submit their initial designation form to their coordinators to be properly enrolled.

Updates: Members may change their designations at any time without coordinator assistance.

Coordinators should periodically remind members to update their beneficiaries, when:

- Family composition changes- marriage, birth, adoption, divorce, death...
- Returning after a leave of absence
- Changing health insurance coverage
- Retirement

Retirement: (ONLY Basic payment allowance or optional payment allowances 1 or 4) Completed at retirement to designate multiple beneficiaries. Retirees submit Form 4 directly to MSRA to update beneficiaries.

If retiree applicant chooses the Basic allowance and names more than one (1) beneficiary, advise applicant to consider Option 1 or 4 which may provide a larger lump sum payment to listed beneficiaries. Advise member to contact a SRA retirement specialist to discuss payment allowance options.

Spouse Law Death Benefit: A monthly lifetime benefit paid to the spouse named as the sole primary beneficiary of an Employees, Teachers or Correctional Officers member who was active on payroll or on an approved leave of absence, was eligible to retire at time of death or met spouse law age/service requirements prior to death.

FILING DEADLINE: Must be received at the retirement agency before the death of the member or retiree. Faxed forms are accepted if the notary seal is clearly visible.

OPTIONAL RETIREMENT PLAN

Eligible institutions include: University System of Maryland, Morgan State University, St. Mary's College of Maryland, Community Colleges, and the Maryland Higher Education Commission.

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
<p>Form 60 Election Not to Participate - Institutions of Higher Learning-Member signs the form to elect <i>not</i> to participate in the MSRPS, to waive all rights to MSRPS benefits and to acknowledge that their election is final and irrevocable.</p> <p>Coordinator certifies professional classification and eligibility for option.</p> <p>Optional Retirement Plan Contract-Indicates member's optional retirement plan.</p> <p>Community Colleges: Certification of Professional Position for Optional Retirement Program - College president certifies position to be a professional position eligible to elect ORP participation. Must be signed by college president.</p>	<p>Must be notarized.</p> <p>Membership in MSRPS is mandatory until and unless the eligible employee selects the Optional Retirement Plan (ORP) within the first year of becoming eligible (Title 30).</p> <p><u>Eligible Members</u>: Members are eligible based on where they work and the nature of their classifications.</p> <p><u>Option Selection</u>: Eligible employees have up to one year of becoming eligible to elect to join the ORP.</p> <p><u>CAUTION</u>: Once an eligible employee selects ORP, they <u>cannot</u> change their election to enroll in MSRPS.</p> <p>The option to participate in an alternate retirement plan is final, binding and irrevocable as long as the individual is an employee in an ORP eligible position of an institution of higher learning which permits such an option.</p> <p><u>MSRPS Contributions</u>: If contributions were made to the MSRPS before ORP enrollment, they are immediately vested and cannot be withdrawn until ORP member is no longer employed by a participating employer or retires.</p> <p>Contributions made in error after ORP enrollment <u>must</u> be refunded to the member by the employer.</p>

FILING DEADLINE: One year of becoming eligible to join.

OPTIONAL MEMBERSHIP – Appointed and Elected Officials

Membership is optional for certain officials elected and appointed for a fixed term if they were elected or hired on or after July 1, 2015 as set forth in Section 23-204, State Personnel and Pension Article, Annotated Code of Maryland. These individuals must elect to participate or not to participate in the Employees' Pension System on or before their effective date of participation by completing the following form:

Form 60.15 Election Not to Participate- Fixed Term Elected or Appointed Official

Their decision is a one-time irrevocable decision.

TERMINATING EMPLOYMENT CHECKLIST

Coordinators should encourage members to view leaving employment and refund videos on MSRA website and discuss the following points with MSPRS members leaving employment:

- ☐ Membership in the MSRPS ends if the member:
 - Is separated from employment for more than four years (Teachers' Retirement Plan 5 years)
 - Withdraws his or her accumulated contributions, if any
 - Retires
 - Dies
- ☐ Vested- refers to the right of a member separated from MSRPS employment to a future retirement benefit payable at plan's normal retirement age for the years and service earned before termination. MSRPS members enrolled prior to 7/1/11 are vested after accumulating at least 5 years of eligibility service. Members enrolled on or after 7/1/11 are vested after accumulating at least 10 years of eligibility service.
 - ☐ To determine if they are vested, coordinators should encourage members (enrolled before 7/1/11) with over 3 years of creditable service or members (enrolled after 7/1/2011) with over 8 years of creditable service to contact MSRA before they withdraw their accumulated contributions.
 - ☐ Vested members terminating employment need to keep their name, address and beneficiary information updated with the retirement agency.
- ☐ Are they eligible to retire? Retirement eligibility for all systems may be found in system PLAN SUMMARIES.
 - ☐ Members at normal retirement age or older terminating employment, will not get a greater benefit if they delay retirement.
 - ☐ If a member terminates employment when they are 70 ½ years of age or older, per IRS regulations, retirement is mandatory. Active members on payroll do not have to retire at 70 ½ years of age.
- ☐ Disability: If eligible, member has up to 4 years (Teachers' Retirement Plan 5 years) after paid employment ends to apply a claim for ordinary or accidental disability benefits if they did not withdraw their contributions. Claim must be based on an accident occurring within the past five (5) years of the claim (EXCEPT State Police Retirement System, Correctional Officers' Retirement System or LEOPS Members).

Non-vested members, not of retirement age ☐, who separate from employment ☐, who are not eligible for a future retirement benefit ☐ and are not intending to return to employment with a participating employer ☐, should complete a Form 5 packet to withdraw or transfer their contributions.

Coordinators provide the following forms and documents (Form 5 packet) to non-vested members terminating employment:

- ☐ Form 5 Withdrawal of Accumulated Contributions- *must be notarized*
- ☐ Form 193 Trustee to Trustee Distribution form (only if they are rolling over their contributions)
- ☐ Form 746 Acknowledgement of Special Tax Notice
- ☐ Special Tax Notice Regarding Plan Payments

An individual who withdraws his or her accumulated contributions and interest, forfeits all service credit and the right to a future benefit.

VESTED RETIREMENT BENEFIT

Vested – A member, separated from MSRPS employment, has a right to a future retirement benefit payable at normal retirement age for the years and service earned before termination. The minimum years of service required to be vested:

- 5 years enrolled prior to 7/1/11;
- 10 years after 7/1/2011.

At normal retirement age, former member completes the service or early retirement forms to receive a benefit. No additional form is required. See RETIREMENT on page 28.

Member is responsible for informing retirement agency of any subsequent address changes to ensure delivery of benefits when they are due.

Coordinator section is not needed to collect a vested benefit. Unused sick leave is not included in a vested benefit.

Retirement date will be the first of the month after the application is received (separated after 10/3/2011).

UPDATING MEMBER INFORMATION

Accurate reporting of the home address is important because it is used to distribute the Personal Statement of Benefits to all active members, and to contact inactive members

Address or Name Changes

Active members: Address or name changes are made through regular payroll data submissions.

Inactive members (i.e. not on payroll) must notify MSRA in writing of address or name changes. For name changes, include a copy of marriage certificate or court order. Member's social security number or member identification number should be included on any change of address or name correspondence.

INACTIVE MEMBERS

Inactive notices are sent to members whose payroll data is incomplete or has not been received by the SRA.

Employer Reporting Errors: Employers are responsible for determining the cause when an actively employed member receives an inactive letter by reviewing payroll records and enrollment forms.

There are numerous Administrative errors that may occur causing a member not to be active in our System such as :

- No payroll information is being reported to the retirement agency,
- Payroll is being reported under the wrong social security number, or
- Enrollment forms were submitted under the wrong social security number.
- **STATE AGENCIES:** Check Workday - Maryland Statewide Personnel System.

MILITARY DUTY IMPORTANT REMINDER: Continued disability coverage is provided for our members called to military duty or training during membership, along with continued survivor benefit coverage for their beneficiaries (§38-102). If called to military duty or training during membership, member or coordinator should file a Form-46 Qualified Leave of Absence Request or Notification of Military Service Entry. See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION on page 21

REFUNDS

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
<p>Form-5 Application for Withdrawal of Accumulated Contributions – Member or former member terminated from employment completes form to withdrawal or transfer employee accumulated contributions and interest.</p> <p>Applicant may not be employed by the State or any participating employer to withdraw accumulated contributions.</p> <p>Contributions reported in error to MSRPS must be refunded to the member by the employer.</p> <p>For more information review Form 5 video on MSRA website.</p>	<p>Must be notarized. Must be signed by the retirement coordinator unless the individual has been off payroll more than a year.</p> <p>Ensure the resignation/termination date is accurate. Certify whether the member or former member meets the definition of a public safety employee.</p> <p>Advise members that they forfeit all future benefits, including disability benefits when they withdraw contributions.</p> <p>Withdraw of contributions terminates any approved leave of absence period.</p>
<p>Form-193 Trustee-to-Trustee Distribution Form – Designates the financial institution or Individual Retirement Account to receive the direct rollover when member chooses to have the Agency directly transfer the refund to a qualified retirement plan, IRA, annuity, 401(k) plan, 403(a) plan, 403(b) plan, or 457(b) plan.</p>	<p>Member completes side 1, then forwards to financial institution receiving the refund for completion of side 2.</p> <p>For more information review Form 193 video on MSRA website.</p>
<p>Form-746 Acknowledgement of Receipt of Special Tax Notice Regarding Plan Payments- Provides notice that all or a portion of the refund may be rolled over to an IRA or employer plan, also waives IRS waiting period, permitting MSRPS to make distribution prior to waiting period.</p>	<p>Provide the member or former member with a copy of the Special Tax Notice Regarding Plan Payments.</p> <p>Refunds are processed in the order received.</p>
<p>Form-742 Application for Withdrawal of Voluntary Funds-Withdrawal of voluntary contributions with interest.</p>	<p>Must be notarized. Voluntary funds can be withdrawn only at the time of retirement, termination or death. If applicable, MSRA will notify member they are eligible for a refund and send the form directly to the member.</p>
<p>Form-744 Election of Disposition of Voluntary Funds</p>	<p>If applicable, MSRA will send the form directly to the member.</p>
<p>FILING DEADLINE: Refund applications received after the 10th of the month will not be processed until the following month. Applications may not be processed during the month of July.</p>	
<p>Allow up to <u>90 days</u> after date of receipt of a properly completed application or date of termination/resignation for refund payment.</p>	
<p>Returned refund checks take 45-60 days to re-credit and reprocess.</p>	

SERVICE CREDIT PACKET

The following forms and documents are provided to members by coordinators to assist members in transferring service credit from another system or plan, claiming credit for military service, purchasing service or making corrections through payroll adjustments.

Advise members to contact MSRA to review their account and discuss service credit.

To transfer service credit between MSRPS systems and plans:

- ☐ Form 37 Request to Transfer Service
- ☐ Form 37.37 Election to Combine E/T Pension System Service

To transfer service credit from an eligible non-participating employer, redeposit withdrawn state funds or municipal retirement system, purchase service credit not already in their account or purchase credit for an approved leave of absence:

- ☐ Form 26 Request to Purchase Previous Service

To claim military service prior to or during membership:

- ☐ Military Service Guide
- ☐ Form 43 Claim of Retirement Credit for Military Service

To request MSRA approval of an employer approved leave of absence or notify MSRA of entry into military service:

- ☐ Form 46 Qualified Leave of Absence Request or Notification of Military Service Entry

Payroll staff or coordinators use the following forms to adjust payroll data previously submitted, such as salary, hours worked and/or contributions:

- ☐ Form 714 Prior Period Payroll Adjustment Form
- ☐ Remittance Reconciliation Form
- ☐ Revenue Control Transmittal

SERVICE CREDIT TYPES

Creditable Service: Service credit for each day worked and required contribution received. Credit used in the calculation of the allowance that determines the dollar amount of the member's benefit.

Eligibility Service: Service credit that determines the member's eligibility for a benefit. Pension Systems: Members earn one (1) year of eligibility service during any fiscal year they work at least 500 regular hours, excluding overtime. Retirement Systems: Creditable and eligibility credit are the same

PAYROLL ADJUSTMENT

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
Form 714 Prior Period Payroll Adjustment- Permits employers to report additions, deletions and changes to payroll records previously submitted to the retirement agency.	Begin payroll deductions and reporting hours for eligible employees as soon as they are hired. <u>Do not wait for the <i>Application for Membership</i> (Form 001) to be completed before submitting payroll records to MSRA.</u>
Remittance Reconciliation Form- Properly credits the member's account if the missed contributions are paid through payroll deductions. This form tells MSRA the amount of money employer is remitting based upon the current pay period and based upon any adjustments to current or prior payroll data reported.	Complete a Form 714 to correct a prior pay period record. Submission of the Form 714 that results in contributions owed will result in a bill being generated by MSRA to the member.
Revenue Control Transmittal- This form lists the applicable pay period ending date, employer agency code, and the proper system to apply the contributions. This form also lists the type of payment, i.e., employee contributions or employer contributions.	Contact MSRA Payroll Manager 410-625-5581 <u>before</u> making any electronic retroactive changes to members' accounts. Contact our Data Control Division with any questions or concerns related to retirement payroll reporting.

FILING DEADLINE: Payment for any missed contributions can be made at *any time* during an employee's membership. However, interest is applied at the end of the each fiscal year.

CONTRIBUTION DEFICIENCIES

Missed contributions or payroll reporting errors may result in an account deficiency. A deficiency is the difference between the contribution amount received and the amount expected; plus interest.

Personal Statement of Benefits (PSB) - Contribution deficiency will show in the account balance section.

Notice of Cost- Sent to member by MSRA if a transfer between systems causes a deficiency.

Member may send a copy of latest PSB or Notice of Cost with a check payable to Maryland State Retirement Agency.

or

If latest statement is not available, ask member to write to retirement agency requesting a bill for the deficiency.

Employer must submit Form 714 *Prior Period Payroll Adjustment Form* and *Remittance Reconciliation Form* for missed contributions to be properly credited.

FILING DEADLINE: Member may pay their deficiency with interest at any time prior to retirement. If the deficiency is not paid before the member retires, the retirement allowance will be actuarially reduced to reflect the deficiency.

MSRPS TRANSFER CREDIT

TRANSFERRING CREDIT WITHIN MSRPS SYSTEMS

FORM 37 Request to Transfer Service –
Transfers service credit between different MSRPS systems and plans; and for municipal transfers.

New enrollment forms are required when membership begins in a different plan or system. See ENROLLING NEW MEMBERS on page 9

Form 37.37 Election to Combine within the Employees' or Teachers' Pension System – Combine prior Employees or Teachers' Pension System service credit into Reformed Pension System. (§23-303.1)

Advise members to contact MSRA to discuss transfer rules, options and plan differences such as benefit allowance, retirement eligibility, contribution rate, vesting and any other transfer factors.

Retirement coordinator at current job completes the bottom of the form.

Review the transfer provisions on the back of the Application for Membership (Form 1) with all members indicating prior MSRPS membership. Advise members to contact MSRA to discuss transfer rules/options.

Employee must go directly from one job to the next, without a break in service greater than 30 days in order to transfer credit (Title 37).

Special rules apply if there was a break in service between/within the Employees' and Teachers' Pension system (Title 23).

Additional employee contributions are due on transferred credit if the new system/plan required a higher employee contribution during the years to be transferred.

Members do not need to file a Form 37 if they will remain in the same system and plan.

FILING DEADLINE: Member must apply for the transfer of the credit within one year of state membership in new plan or system to receive credit. Special rules apply if there was a break in service. Election to Combine within the Employees' or Teachers' Pension System may be done one year after completing Form 37.37.

MUNICIPAL TRANSFER CREDIT

TRANSFERRING CREDIT FROM ANOTHER LOCAL GOVERNMENTAL RETIREMENT or PENSION SYSTEM TO MSRPS

Examples of eligible non-participating employers are: Baltimore City Government, Baltimore County Government, Anne Arundel County Government, and Montgomery County Government.

Form-26 Request to Purchase Previous Service

1. Previous retirement system certifies municipal membership to be transferred.
2. Transfers service credit from a Maryland eligible non-participating municipal retirement system to the MSRPS system (Title 37).

FORM-37 Request to Transfer Service

Bottom is completed by the member's current employer.

Member forfeits any benefit from former municipal retirement system.

Advise members to contact MSRA to discuss transfer rules/options.

Employee must go directly from one job to the next, without a break in service greater than 30 days, in order to transfer credit.

Additional employee contributions are due on transferred credit if the new system/plan required a higher employee contribution during the years to be transferred, or a deficiency will be on the members' account.

Out-of-state municipal or federal employment is not eligible for transfer but may be purchased at retirement at full cost.

FILING DEADLINE: Member must apply for the credit, and if applicable, the transfer of funds must occur within one year of state membership to receive credit. Otherwise, member must wait until retirement to purchase the service at full cost.

MILITARY CREDIT

Form-43 *Claim of Retirement Credit for Military Service* – (Title 38). Provides

retirement credit for up to five years of U.S. Military service before membership and up to 5 years credit if military service interrupts membership. Maximum 36 months for National Guard Service or U.S. armed forces reserves).

May not claim credit for military service eligible for any other pension system benefit (except disability payments).

Member may purchase at normal cost additional service credit for “war zone” military service.

Advise members to contact MSRA with questions about claiming military credit.

Application must include separation papers to verify entrance and discharge dates (DD 214 or equivalent).

- If duty interrupts membership, member must return to the system within one year of discharge and cannot accept other permanent employment in the interim.
- If duty precedes membership, must have 10 years of creditable service in the MSRPS system to claim military time.

NOTE: If called to military duty or training during membership, member or coordinator should file a Form-46 Qualified Leave of Absence Request or Notification of Military Service Entry. See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION on page 21.

FILING DEADLINE: Prior to termination of membership or retirement.

NORMAL COST SERVICE PURCHASE

NORMAL COST PURCHASES

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
Form-26 Request to Purchase Previous Service – Used by members of the Retirement System and Pension System to purchase past membership credit, usually for missed contributions such as a MSRA approved leave of absence, delayed enrollment or contributions previously withdrawn from MSRPS.	Must complete a separate form for each employer. Member pays missed contributions plus interest to-date of purchase. Member <u>can</u> <i>not</i> make a partial purchase.
FILING DEADLINE: May purchase credit at any time during membership or while on an SRA approved leave of absence, prior to termination of membership or retirement. Advise members to contact MSRA to discuss service purchase rules/options.	

FULL COST SERVICE PURCHASE

FULL COST PURCHASES (Retirement and Pension Systems)

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
Form-26 Request to Purchase Previous Service – Used upon retirement for purchases of creditable service including: out-of-state, public, or non-public teaching; federal employment; and service with a non-participating municipality. For Retirement System members, it would also be used for the purchase of prior membership service. Member pays the cost to fund the benefit the additional purchased service will provide. Credit is not awarded unless payment is made.	Must complete a separate form for each employer. Forward the Form-26 to the appropriate employer to verify the employment period. Completed Form-26 is forwarded to the retirement agency by former employer. Service not verified cannot be purchased. May purchase a minimum of 1 month & a maximum of 10 years of service credit.
FILING DEADLINE: Purchases may be made only in the 12-month period preceding retirement. Purchase must be made while member is active on payroll or while on an SRA Approved Leave of Absence; prior to retirement. Advise members to contact MSRA to discuss service purchase rules/options.	

APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION

View Leave of Absence video on MSRA website.

Form-46 Qualified Leave of Absence Request or Notification of Military Service Entry

Application for a qualifying employer approved leave of absence (LOA) for a maximum of two years provides survivor benefit coverage and the ability to purchase additional service credit while on an MSRA approved LOA (COMAR 22.05.01.03).

COMAR 22.05.01.02 defines the legally acceptable reasons for a MSRA qualifying leave of absence, such as:

- *Member's* personal illness
- Birth of a child or adoption (Maternity/Paternity)
- Career-related study

Non-contributory members continue to earn service credit. Contributory members may purchase MSRA approved LOA time upon their return to work in the same system; before retirement; or if they do not return to work, within 60 days of LOA expiration (§22-303.1, 23-304.1, 24-304.1, 25-304.1, 26-306).

Notification of Military Service Entry

Notifies MSRA member has been called to military service.

Encourage all Employees', Teachers', Correctional Officers', State Police and LEOPS' members before beginning a leave without pay status for 30 days or more, who meet the qualifying types of leave to complete a Form 46.

Must be employer approved.

If member is unable, employer completes the Form 46 on behalf of the member.

Intermittent Leave: Intermittent leave may *not* qualify as a leave of absence for purposes of retirement. A Leave of Absence Form 46 does *not* need to be completed for any month a member was paid by the employer for time worked.

Return to Work: Advise members to submit a *Request to Purchase Previous Service* (Form 26) upon returning to work in the same system from an approved leave of absence.

For more information view Leave of Absence video.

Advise member they or their beneficiary may be eligible during their absence for a disability or death benefit (§38-102). Advise member returning from military duty to submit Form-43 *Claim of Retirement Credit for Military Service* upon their return. See page 19 for more information.

FILING DEADLINE: Prior to unpaid leave of absence. MSRA Executive Director has limited authority to waive the filing period requirements.

PURCHASING CREDIT - QUALIFIED APPROVED LEAVE OF ABSENCE

Form-26 Request to Purchase Previous Service – Enables members to purchase approved leave time.

To be eligible to purchase time on leave, member must have filed Form-46 prior to beginning of leave. If leave period was prior to 1/1/74, no Form-46 was required.

Advise members to submit a *Request to Purchase Previous Service* (Form 26) upon returning to work from an approved leave of absence.

FILING DEADLINE: Prior to termination of membership or retirement. May purchase time within 60 days after the approved leave of absence term expires. The MSRA Executive Director may for good cause extend the period of time service credit may be purchased to allow the member to be eligible to file an ordinary disability retirement claim.

DISABILITY RETIREMENT PACKET

Coordinators provide the following documents or forms to members filing for ordinary, accidental or special disability benefits. Encourage members to view Disability videos on website.

The member is responsible for the submission of forms and materials to the Maryland State Retirement Agency (MSRA) within time frames stated on forms and request letters. **Claim will be closed if the member does not diligently pursue the claim.**

☐ Disability Retirement Pamphlet

Service Retirement: A member or former member must file a disability claim prior to the effective date of a service retirement. Advise members eligible for a normal service retirement to contact MSRA to discuss retirement options prior to filing disability claim. Retirees are not eligible to file a disability claim.

Leave of Absence: Members on an unpaid approved leave of absence should file Form 46 Qualified Leave of Absence Request. May purchase leave of absence time within 60 days after the approved leave of absence term expires in order to be eligible to file an ordinary disability retirement claim. See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION on page 21.

Step One: Filing Disability Claim

- ☐ Form 129 Preliminary Application for Disability Retirement*
☐ Form 20 Statement of Disability
☐ Form 20 Section THREE Physician's Medical Report ☐ Pertinent medical records

The Statement of Disability (Form-20) **and** the Preliminary Application for Disability Retirement (Form-129) must be properly completed and submitted to the retirement agency to begin a claim.

- ☐ Application for an Estimate of Disability Retirement Allowances **
☐ Form 21A Employees, Teachers & Correctional Officers
☐ Form 22 State Police ☐ Form 100 LEOPS

Retirement Coordinators must complete and submit the following forms and documents:

- ☐ Form 20 Section TWO Retirement Coordinator/Employer
☐ Applicant's job description (signed by employer)
☐ Applicant's use of sick, accident and other leave usage (Note if not available)
☐ Applicant's performance appraisals (Note if not available)
☐ Employer's first report of injury or other employer accident reports (if applicable)

Members applying for accidental disability benefits submit the above items as well as the following:

- ☐ Accident documentation and medical evidence to show that the accident was the direct cause of the disability;
☐ Employer's first report of injury; and
☐ Copies of Workers' Compensation awards.

For special/accidental disability claims, state police and LEOPS members also must submit:

- ☐ Evidence that the disability arose out of, or in the course of, the performance of duty.

Step Two: Apply for Retirement If approved; member must apply to retire no later than 120 days by completing the retirement package to accept disability. State employees will be considered resigned COMAR 17.04.03.16E

* notarized **estimates are only sent to members approved by the BOT for disability retirement

DISABILITY RETIREMENT- FILING DEADLINE

Members cannot file for disability indefinitely. Applicants are subject to the following time limits:

- Teachers' Retirement System: five (5) years after paid employment ends.
 - Other systems (except Judges' or Legislative): four (4) years after paid employment ends.
- Membership ends when contributions and interest are withdrawn, member dies or retires. Withdrawn members are not eligible to file for disability. **Deadline Extension:** Contact retirement agency.

DISABILITY RETIREMENT – TERMINAL ILLNESS

TERMINAL ILLNESS

FORMS & FUNCTIONS

The following forms allow the retirement agency to start immediate processing of the disability claim before the Statement of Disability (form 20) and other documentation has been received.

Other documentation will be needed to determine eligibility for accidental benefit.

Physician's Statement – Statement of member's diagnosis and prognosis (terminal status).

Form-129 Preliminary Application for Disability Retirement - Authorizes the Board of Trustees to pay a disability allowance if the claimant is approved for a disability retirement, is off payroll, and dies before submitting Form 13-23.

Goes into effect when the claim is approved and expires on the retirement date.

Job Description - Medical Board evaluates the claim in relation to the individual's job duties. Must be signed by employer.

SPECIAL INSTRUCTIONS

Alert the retirement agency immediately when a terminal case is involved. We will then assign the claim priority status when the application arrives. To notify the retirement agency of a terminal case, please contact the Secretary of the Medical Board at 410-625-5523.

Fax physician's statement of the member's terminal status and form 129 to the Disability Unit (410) 468-1659.

Claimant must select either option 1 or option 2. Member cannot write-in any other option. Beneficiary information must be completed if option 2 is selected.

Notary Reminders: The date the form signed by the member and date notarized must be the same date. The document is not legally binding if the notary did not actually witness the signature; or if there are any cross-outs or changes.

Active death benefit will be paid if member is on payroll the date of death.

DISABILITY RETIREMENT-EMPLOYER FILED

If the member is unable to apply, the following individuals may file on the member's behalf:

- Teachers' System: Member's state or county superintendent of schools;
- State Police: The Secretary of the State Police (if member is unable or refuses to apply for disability retirement).
- Other Systems: Member's appointing authority or department head.

The employer completes and signs the Statement of Disability (Form-20), the Preliminary Application for Disability Retirement (Form-129), and the final retirement application (Form-13-23). The last designation of beneficiary Form 4 will determine beneficiary and option selection. (COMAR 22.06.02.03)

DISABILITY RETIREMENT- SURVIVING BENEFICIARY

Surviving beneficiary may be eligible to apply for a benefit if member dies within seven days of completing the *Preliminary Application for Disability Retirement* (Form 129) and the Maryland State Retirement Agency receives the form and affidavit of signature within 30 days of member's death. Beneficiary should contact the retirement agency for filing instructions (§29-103).

DISABILITY RETIREMENT APPLICATION

The review process averages two to four months; accidental claims take longer.

FORMS & FUNCTIONS	SPECIAL INSTRUCTIONS
The Statement of Disability (Form-20) <u>and</u> the Preliminary Application for Disability Retirement (Form-129) must be properly completed and submitted to the retirement agency to begin a claim.	
Form-129 Preliminary Application for Disability Retirement	See special instructions for DISABILITY RETIREMENT – TERMINAL ILLNESS.
Form 20 Statement of Disability- <ol style="list-style-type: none"> 1. Applicant/Member Section One 2. Retirement Coordinator Section Two 3. Physician's Medical Report Section Three 	All applicant, coordinator and physician sections must be completed.
Physician's Medical Report (Form 20 - 3) Other Pertinent Medical Records	Physician report must be completed and signed by treating physician regardless of other documentation submitted. See list on page 5.
Job Description - Medical Board evaluates the claim in relation to the individual's job duties.	Must be signed by employer. The claimant must be deemed completely and permanently unable to perform his or her job to qualify for disability.
Leave Usage Report and Performance Evaluations, if available	Employer provides leave usage (w/ leave code explanation) and performance evaluation within the last year, if available. Note if not available. Upon Request.
Other Employer Documents	
Form 21A, 22, 100- Disability Retirement Allowances Estimate Application	Prepared/sent to members approved by the Board of Trustees for disability retirement (approx. 3-4 weeks)

DISABILITY RETIREMENT-ACCIDENTAL

Must be filed with or prior to ordinary claim unless the injury occurs after an ordinary claim is filed. Claim must be based on an accident occurring within the past five (5) years of the claim (EXCEPT State Police Retirement System, Correctional Officers' Retirement System or LEOPS Members).

Employer's First Report of Injury and any Workers' Compensation Awards – Workers' Compensation benefit may have an impact on accidental disability retirement benefit.	Accidental Disability claims only. Notify retirement agency if disputing facts of the incident.
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DISABILITY - WORKERS' COMPENSATION

IMPORTANT NOTE: Instruct the member to contact the Retirement Agency to discuss impact of Workers' Compensation benefits on an accidental disability retirement.

Disability benefits are "coordinated" with benefits payable from Workers' Compensation. Retirement law may require the Retirement Agency to withhold an amount equivalent to the Workers' Compensation award if the Workers' Compensation benefits and disability benefits are based on the same event and are paid for the same period of time.

Retirees receiving an accidental disability retirement must notify the Retirement Agency in writing if additional Workers' Compensation awards are received.

The Retirement Agency may not offset a retirement allowance for Workers' Compensation benefits that are health insurance premiums, reimbursements for legal fees, medical expenses or other payments made to third parties and not to the retiree.

The offset described above does not apply to Employees' Pension System retirees who receive a disability retirement benefit as a former employee of a county board of education, the Board of School Commissioners of Baltimore City, or a participating governmental unit or a designated beneficiary.

DISABILITY RETIREMENT- EMPLOYER NOTIFICATION

The retirement agency shall notify retirement coordinators at three key disability claim “milestones”:

- (1) General Claim Letter: All documents received and the Medical Board will review the claim.
- (2) Claim Closed Letter: Claimant failed to diligently pursue the claim or failed to accept retirement. The member may file a new disability claim if they are eligible to apply.
- (3) BOT Claim Approval/Denial Letter: The Board of Trustees approved or denied a disability retirement benefit.

DISABILITY RETIREMENT-DATE

The effective date of retirement is the later of the first day of the month:

- a) following the last day on payroll, as certified by the applicant's employer;
- b) after **Statement of Disability** and **Preliminary Application for Disability Retirement** received;
- c) after the Board of Trustees approves a disability retirement if on a leave of absence; or
- d) of the date on the **Application for Disability Retirement**. If left blank, the retirement agency will provide the earliest possible date.

The effective date of retirement may not be later than 120 days from the date of the Disability Unit's notice to the applicant. Contact MSRA if applicant was on a leave of absence or purchased service.

RETIREMENT PACKET

Coordinators recommend members:

- ☐ View MSRA website for videos, forms, benefit estimator, newsletters and other resources
- ☐ Attend a MSRA sponsored pre-retirement seminar (1-8 years prior to retirement)
- ☐ Apply for service credit (Form 26)
- ☐ Claim military service credit (Form 43)
- ☐ Schedule an appointment with a MSRA retirement specialist, if member has benefit questions

Coordinators provide the following form within 12 months of member being eligible to retire:

- ☐ Application for an Estimate of Service Retirement Allowance (*optional*)
 - ☐ Form 9 Employees, Teachers & Correctional Officers
 - ☐ Form 10 State Police
 - ☐ Form 97 LEOPS

Coordinators provide the following forms and documents for members to file two months prior to retiring:

- ☐ Retirement Checklist pamphlet
- ☐ Guide to Choosing an Option for...pamphlet

The following forms and materials must be submitted to the Maryland State Retirement Agency (MSRA):

- ☐ Application for Service/ Disability Retirement *
State employees only: Coordinators highlight for emphasis #7 of instructions
 - ☐ Form 13-023 Employees, Teachers & Correctional Officers*
 - ☐ Form 14-024 State Police*
 - ☐ Form 98-101 LEOPS*
- ☐ Designation of Beneficiary* (If *Basic, Option 1 or Option 4 is selected*)
 - ☐ Form 4 Employees, Teachers, Correctional Officers, LEOPS, State Police*
 - ☐ Form 4.1 Judges*
 - ☐ Form 55 Legislative*
- ☐ Form 85 Direct Deposit-Electronic Fund Transfer Sign-up Form
- ☐ Form 766 Federal and Maryland State Tax Withholding Request
- ☐ Form 127 (128 State Police, 131 LEOPS) Reemployment After Retirement
- ☐ Form 143 Verification of Retiree's Disabled Child (*if applicable*)
- ☐ Form 703 Option Waiver* – to change option before 1st check paid

In addition, Coordinators assisting State Police and LEOPS members provide the following forms and documents to apply for Deferred Retirement Option Program:

- ☐ Form 756* State Police & 504* LEOPS Deferred Retirement Option Program (DROP)

At the end of DROP participation, the member completes and submits to the Maryland State Retirement Agency:

- ☐ Form 757 State Police & 505 LEOPS Application for Withdrawal of DROP Account

* must be notarized

SERVICE RETIREMENT ESTIMATE

ESTIMATE REQUEST FOR SERVICE or EARLY RETIREMENT ALLOWANCE

FORMS & FUNCTIONS

Application for Estimate of Service

Retirement Allowances - Provides an estimate of the monthly payments the retiree would receive for each of the available MSRPS allowance options.

- **Form 9** Employees, Teachers, Correctional Officers
- **Form 10** State Police
- **Form 97** LEOPS

NOTE: Retirees cannot change their option selection after their first payment is paid.

The Retirement Agency does not acknowledge receipt of estimate applications.

SPECIAL INSTRUCTIONS

- Completed within one year of retirement.
- Encourage eligible members to make an informed choice by requesting an estimate.
- Do not delay or prevent a retirement by requiring the member to request an estimate.
- If a beneficiary named, estimate reflects the Basic Allowance and all option allowances 1-6. If no beneficiary named, estimate reflects the Basic Allowance, Options 1 and 4 only.
- Must provide marriage State/jurisdiction and date.
- **SERVICE PURCHASE:** Attach Form 26 since it will affect dollar figures and Check "yes" to the question: "Do you plan to purchase any previous service for which you are eligible?")

FILING DEADLINE: No more than 12 months prior to retirement date. Estimates may take up to three months or longer to process.

The most recent Personal Statement of Benefits, a prior estimate, or information from the Maryland State Retirement on-line estimators are also helpful retirement resources.

QUESTIONS? Encourage members who have questions about their estimates to contact MSRA

Retirement Allowance Options

Advise member to contact the retirement agency to discuss retirement allowance options.

IMPORTANT: Retiree cannot change option after the first payment is due

Retiree may select only one retirement allowance option.

MARITAL STATUS (State Police and LEOPS retirees only): Married State Police and LEOPS retirees must select the Basic Allowance and name the spouse as beneficiary. If not married, the State Police and LEOPS retirees may select any option.

MULTIPLE BENEFICIARIES: Basic Allowance, Options 1, or 4 allow for multiply beneficiaries.

DUAL LIFE OPTIONS: Option 2, 3, 5 or 6 Retiree can name only one beneficiary and must submit proof of birth for beneficiary. No contingent beneficiary (ies) may be named. **OPTION 2 OR 5:** The beneficiary cannot be more than 10 years younger than the retiree unless the beneficiary is the spouse or retiree's disabled child. To designate a disabled child under option 2 or 5, a completed Verification of Retiree's Disabled Child FORM 143 must be submitted with the retirement application

HEALTH INSURANCE BENEFICIARY COVERAGE: The State Retirement Agency does not manage retiree health benefits. Not all participating employers provide retiree health coverage. Contact the employer's health benefits division for information.

State of Maryland employees: If eligible, only Option 2, 3, 5 or 6 continue health program coverage for eligible surviving dependents (i.e., spouse, dependent children) after retiree's death. State Police and LEOPS surviving spouse receiving benefits have continued health coverage. Eligible surviving dependent must be named as the beneficiary. Contact employee benefits division at 410-767-4775 for eligibility and cost information.

OPTION WAIVER (Form 703): **Retiree cannot change option after the first payment is due.** Before first payment is due, retiree can change their allowance option selection by filing an Option Waiver (Form 703) with MSRA. Contact MSRA for form.

QUESTIONS? Contact the retirement agency to discuss retirement allowance options

RETIREMENT APPLICATION

APPLYING FOR RETIREMENT

FORMS & FUNCTIONS

Application for Service or Disability

Retirement - Initiates payment of retirement benefits based on selected allowance option.

- **Form 13-23** Employees, Teachers, Correctional Officers
- **Form 14-24** State Police
- **Form 98-101** LEOPS

SPECIAL INSTRUCTIONS

Form must be sent to the Agency from the coordinator for active members.

Retiree can not be on payroll the date they retire.

Must include marriage date and State.

For Option 2, 3, 5 or 6, proof of birth for beneficiary must be submitted. If Option 2 or 5 is selected, the beneficiary listed cannot be more than 10 years younger than the retiree unless the beneficiary is the spouse or retiree's disabled child.

Option Waiver (Form 703): **Cannot change option after the first payment is due.** Before first payment is due, retiree can change their allowance option selection by filing an Option Waiver (Form 703) with MSRA. Contact MSRA for form.

Include the job classification on the back of the form.

Unused Sick Leave: Coordinators are required to re-certify number of days of unused sick leave thirty (30) days after the member's actual retirement date, regardless of whether or not there are any changes. For more detailed instruction, See UNUSED SICK LEAVE section and checklists for retirement application.

FILING DEADLINE (COMAR 22.01.14): To avoid payment delays, submit application 30 days prior to retirement date. Do not encourage members to file late. Do not delay submitting retirement paperwork to MSRA. Filing delays result in payment delays.

Retiring Upon Separation of Employment: MSRA accepts applications after their retirement date. Application must be properly completed and notarized within the month of retirement to retire the first day of the month; otherwise retirement date will be the first of the month after the application is received (separated employment after 10/3/2011).

Teachers: Applicant must be separated from employment as of June 30 and application must be received on or before September 15 for a July 1st retirement date

DISABILITY RETIREMENT: Must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

SERVICE RETIREMENT

APPLYING FOR RETIREMENT (CONTINUED)

FORMS & FUNCTIONS

Form-85 Direct Deposit Electronic Fund Transfer Sign-Up - Provides for direct deposit of retiree's check to a bank, savings institution, or credit union. Cannot be paid to a third party (i.e. not retiree or beneficiary).

Form-766 Federal and State Tax Withholding Request - Allows retiree to designate how much federal and Maryland tax to have withheld from the retirement check.

Reemployment After Retirement - Explains the consequences of reemployment after retirement. **Form 127** Employees, Teachers & Correctional Officers, **Form 128** State Police, **Form 131** LEOPS

SPECIAL INSTRUCTIONS

- Should be submitted at least one month prior to desired retirement date.
- Retirement checks must be direct deposited unless retiree lives outside of U.S. or has been approved by MSRA executive director for an undue hardship waiver.
- Should be submitted at least one month prior to retirement date and withholding amounts can be changed at any time. Submitting a new form replaces previous withholding selections.
- Must be signed and dated by the retiree.
- By law, no retirement check can be sent without MSRA receipt of the Reemployment After Retirement form.

FILING DEADLINE: Should be filed with the Application for Service or Disability Retirement Form.

UNUSED SICK LEAVE CREDIT

Application for Service or Disability Retirement Section E. Unused Sick Leave A member is entitled to receive creditable service for unused sick leave if the member retires on or before 30 days after the member is separated from employment (§ 20-206). (Retirement type: ordinary disability, early or service retirement)

Unused sick leave: Leave available to the employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

Unused sick leave cannot be used to qualify a member for retirement or reduce an early retirement reduction.

The Maryland State Retirement Agency calculates the creditable service for unused sick leave days.

Employer certifies the number of unused sick leave days.

Converting hours to days: Convert the number of unused sick leave hours to days by dividing hours by the standard full-time hours.

Standard Full-Time Hours: The standard full-time hours for State agencies and *most* MSRPS participating employers (PGU) is eight (8) hours. Participating units whose standard full-time hours is less than eight (8) hours per day should divide unused sick leave hours by the employer's standard full-time hours. Part-time employees: Divide unused sick leave hours by standard full-time hours.

For detailed instructions, see Application for Service or Disability Retirement FORM 13-23 checklists in Forms section.

FILING DEADLINE: Retirement paperwork must be properly completed and notarized within 30 days after the member is separated from employment to receive creditable service for unused sick leave. *10 month employees* with a July 1st or September 1st retirement date must have their application notarized on or before August 31st.

Coordinator must report unused sick leave days *prior to* retirement date and recertify unused leave 30 days *after* the effective retirement date regardless of whether there are any changes.

UNUSED SICK LEAVE CREDIT CHART

Years of Service	Maximum UNUSED Sick Leave DAYS	UNUSED Sick Leave Days	Retirement Credit 10 month Teachers & Employees	Retirement Credit 12 Month Employees
0 - 1	0 - 15	1 - 10	0	0
1 - 2	16 - 30	11 - 32	1	1
2 - 3	31 - 45	33 - 54	2	2
3 - 4	46 - 60	55 - 76	3	3
4 - 5	61 - 75	77 - 98	4	4
5 - 6	76 - 90	99 - 120	5	5
6 - 7	91 - 105	121 - 142	6	6
7 - 8	106 - 120	143 - 164	7	7
8 - 9	121 - 135	165 - 186	8	8
9 - 10	136 - 150	187 - 208	9	9
10 - 11	151 - 165	209 - 230	10	10
11 - 12	166 - 180	231 - 252	10	11
12 - 13	181 - 195	253 - 274	10	12
13 - 14	196 - 210	275 - 296	11	13
14 - 15	211 - 225	297 - 318	12	14
15 - 16	226 - 240	319 - 340	13	15
16 - 17	241 - 255	341 - 362	14	16
17 - 18	256 - 270	363 - 384	15	17
18 - 19	271 - 285	385 - 406	16	18
19 - 20	286 - 300	407 - 428	17	19
20 - 21	301 - 315	429 - 450	18	20
21 - 22	316 - 330	451 - 472	19	21
22 - 23	331 - 345	473 - 494	20	22
23 - 24	346 - 360	495 - 516	20	23
24 - 25	361 - 375	517 - 538	20	24
25 - 26	376 - 390	539 - 560	21	25
26 - 27	391 - 405	561 - 582	22	26
27 - 28	406 - 420	583 - 604	23	27
28 - 29	421 - 435	605 - 626	24	28
29 - 30	436 - 450	627 - 648	25	29
30 - 31	451 - 465	649 - 670	26	30
31 - 32	466 - 480			
32 - 33	481 - 495			
33 - 34	496 - 510			
34 - 35	511 - 525			
35 - 36	526 - 540			
36 - 37	541 - 555			
37 - 38	556 - 570			
38 - 39	571 - 585			
39 - 40	586 - 600			
40 - 39	601 - 615			
41 - 42	616 - 630			
42 - 43	631 - 645			
43 - 44	646 - 660			
44 - 45	661 - 675			

Coordinator must certify all unused leave days regardless of whether it exceeds the maximum credit allowed or is insufficient to any unused sick leave credit.

Maryland State Retirement Agency determines unused sick leave retirement credit.

DEFERRED RETIREMENT OPTION PROGRAM DROP PARTICIPATION

Confirm with DROP Administrator mmyers@sra.state.md.us or 410-625-5608 eligibility to participate in DROP. Participation eligibility is based on creditable service. See **System: LAW ENFORCEMENT OFFICERS PENSION SYSTEM (LEOPS)** and **System: STATE POLICE RETIREMENT SYSTEM (SPRS)**

	LEOPS	State Police
<i>Application for the Deferred Retirement Option Program* (DROP)</i>	Form 504	Form 756
Notifies MSRA of intent to participate in DROP and duration of participation.		
Participation date is the same date as retirement date. Must be signed and dated by applicant in presence of a notary public.		
<i>Retirement Application</i>	Form 98	Form 14
Must be signed and dated by applicant in presence of a notary public.		
<i>Binding Letter of Resignation</i>	Form 507	Form 506
<i>Form 746 Acknowledgement of Special Tax Notice</i>		

Beneficiary(ies) Proof of Birth

FILING DEADLINE: 30 days prior to retirement date.

DEFERRED RETIREMENT OPTION PROGRAM DROP Withdrawal

	LEOPS	State Police
<i>Application for DROP Withdrawal</i>	Form 505	Form 757
Notifies MSRA of intent to withdrawal		
<i>Election to Terminate DROP Participation</i>	Form 505.2	Form 757.2
<i>Reemployment after Retirement</i>	Form 131	Form 128
<i>Form 85 Direct Deposit Form</i>		
<i>Form 746 Acknowledgement of Receipt of Special Tax Notice</i>		
<i>Form 193 Trustee to Trustee Form for Rollovers</i>		

Optional Forms:

Form 766 Tax Withholding Form
Form 77 Change of Address
Form 4 Beneficiary Form

NOTIFICATION DEADLINE: 30 days prior to termination date.

ACTIVE DEATH BENEFITS

Form 28 Request for Certification of

Salary - Certifies annual salary, total unused sick days of deceased and payroll information.

The Maryland State Retirement and Pension System provides valuable survivor benefits to members who die while:

- Active on payroll, including paid leave or leave without pay less than 30 days
- Qualified MSRA approved leave of absence
- Performing qualified military duty

Death Certificate – official copy

Form 20A Physician's Medical Report – Required for line of duty death.

Salary figure must be accurate since it is the basis for determining beneficiary compensation. Benefit equals one year's salary plus any accumulated contributions and interest for active members.

MSRA will send beneficiary (ies) Form 32 Notification and Claim of Beneficiary. Form must be notarized and must be accompanied by an official copy of death certificate.

MSRA will make payment to the deceased member's beneficiary(ies) in accordance with §29-201 through §29-207 of the Annotated Code of Maryland based upon the information provided by the employing agency and the information on the deceased member's MSRA account.

MSRA will send a copy of form to beneficiary to be completed by physician.

REEMPLOYMENT AFTER RETIREMENT

No offers of reemployment should be discussed by the member with their employer prior to retirement.

The Annotated Code of Maryland §20-101 defines a "retiree" as an individual who has "separated from employment" with a participating employer and "retirement" means the grant of a retirement allowance after "separation from employment" with a participating employer.

Therefore, in order to retire, the retiree must be "separated from employment", and the employer must certify that such a separation has occurred.

Maryland law § 23-407 (d) requires a minimum of 45 days between their retirement date and the date rehired by a MSRPS participating employer.

MSRPS retirees are required by law (§ 23-407 (b)) to notify the retirement agency in writing of their intention to accept reemployment, name of employer and anticipated earnings.

Retirees who retire early or return to their same employer may be subjected to an earnings limitation. Retirees receiving a disability retirement may have their benefit suspended if they return to work. Encourage retiree to review the most current rules for reemployment (Form 127, 128 or 131).

Teacher Rehire/Retire Program: The Board of Education assigns coordinators the responsibility of rehiring retirees for this program. The Board will be subject to a penalty for failure to submit certification for reemployed retirees

Encourage retiree to contact MSRA prior to returning to reemployment with any participating employer.

SYSTEMS

ACPS	Alternate Contributory Pension Selection is an enhanced benefit provided under the Employees' /Teachers' Pension System established July 1, 2006. Provides a specified enhanced benefit to (1) State employees in the ECPS and ERS Bifurcated Plan (Plan C); (2) members of the TCPS and TRS Bifurcated Plan (Plan C); (3) eligible employees of those Participating Governmental Units that elected participation in the ACPS by June 30, 2007; and (4) eligible employees of Frederick County (withdrawn employer). Closed June 30, 2011 to new members.
CORS	Correctional Officers' Retirement System established 7/1/1974
ECPS/TCPS	Employees' Contributory Pension System/Teachers' Contributory Pension System established as of July 1, 1998 under the EPS/TPS to provide an enhanced benefit formula and limited compounded Cost of Living Adjustment. The ECPS currently consists of employers that did not elect the ACPS.
EPS/TPS	Employee's Pension System/Teachers' Pension System established January 1, 1980 as non-contributory plans. The EPS currently consists of employers who did <u>not</u> elect the ECPS (7/1/1998) or ACPS (7/1/2006). Additionally, those members who transferred from the Retirement Systems to the EPS/TPS after April 1, 1998 receive the original benefit formula established January 1, 1980.
ERS/TRS	Employees' Retirement System established 10/1/1941. Teachers' Retirement System (established 8/1/1927). Systems closed as of January 1, 1980. As of July 1, 1984 includes Plans A, B, and C (separate member contribution rates and COLAs). After December 31, 2004 members may not step down to a lesser Plan selection or transfer to a Pension System
JRS	Judges' Retirement System established 7/1/1969
LEOPS	Law Enforcement Officers' Pension System established 7/2/1990
LEOPS	Retirement system established 7/1/1989. Tier within LEOPS for those members transferred from the ERS that provides a higher benefit formula than the general LEOPS benefit formula and requires a higher member contribution. Closed to new participants after December 31, 2004.
LFPS	Local Fire and Police System established 7/1/1989. Tier within LFPS for those members who transferred from the ERS that provides a higher benefit formula than the LFPS benefit formula and requires a higher member contribution. Retirement tier closed to new participants after December 31, 2004. Closed 7/1/08.
LPP	Legislative Pension Plan established 1/13/1971
RCPB	Reformed Contributory Pension Benefit established July 1, 2011 for new members of the EPS/TPS. (CORS, LEOPS and SPRS – Reformed Benefit)
SPRS	State Police Retirement System established 7/1/1949

GLOSSARY OF TERMS
(Annotated Code of Maryland State Personnel and Pensions § 20-101)

AFC	Average Final Compensation New members after 7/1/2011= 5 years Prior Members before 7/1/2011= 3 years
BOT	Maryland State Retirement Agency Board of Trustees
Break in Service	<u>Any</u> break in employment in which the member did not actually work, use paid leave or owe contributions for greater than 30 days
COLA	Cost of Living Adjustment. May be awarded to retirees in July after one full calendar year of retirement based on plan allowance and U.S. Department of Labor's Consumer Price Index.
Creditable Service	Service credit for each day worked and required contribution received. Credit used in the calculation of the allowance that determines the dollar amount of the member's benefit.
Deficiency	Missed contributions or payroll reporting errors may result in an account deficiency. A deficiency is the difference between the contribution amount received and the amount expected; plus interest.
DROP	Deferred Retirement Option Program – <u>Open to SPRS and LEOPS only</u>
Eligibility Service	Service credit that determines the member's eligibility for a benefit. <u>Pension Systems</u> : Members earn one (1) year of eligibility service during any fiscal year they work at least 500 regular hours, excluding overtime. <u>Retirement Systems</u> : Creditable and eligibility credit are the same.
Full Cost	Member pays the cost to fund the benefit the additional purchased service will provide. Purchases may be made only in the 12-month period preceding retirement. Purchase must be made while member is active on payroll or while on an SRA Approved Leave of Absence; prior to retirement.
Former Member	an individual, who was a MSRPS member, is not collecting a benefit (i.e. retired, died) and is separated from employment beyond their membership period (Most systems: 4 years, Teachers Retirement: 5 years)
Member	An individual whom membership in MSRPS is a condition of employment, pays required contributions, is not collecting a benefit (i.e. retired, died) and is within their membership period (Most systems: 4 years, Teachers Retirement: 5 years)

MSRA	Maryland State Retirement Agency
MSRPS	Maryland State Retirement and Pension System
Normal Cost	Member pays missed contributions plus interest to-date of purchase. May purchase credit at any time during membership or while on an SRA approved leave of absence, prior to termination of membership or retirement.
Purchased Credit	Service credit members may purchase for previous employment
Retiree	Individual “separated from employment” with a MSRPS participating employer and receiving a retirement benefit.
Retirement	Granting of a retirement allowance after “separation from employment” with a participating employer.
SSIL	Social Security Integration level
SSWB	Social Security Taxable Wage Base
Unused Sick Leave	Leave available to the employee as sick leave <u>during</u> employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.
Vested	Refers to a member, separated from MSRPS employment, right to a future retirement benefit payable at normal retirement age for the years and service earned before termination. The majority of MSRPS members enrolled prior to 7/1/11 are vested after accumulating at least 5 years of eligibility service. Members enrolled after 7/1/11 are vested after accumulating at least 10 years of eligibility service.
Withdrawn Employer	Former Participating Governmental Unit that elected to withdraw from the State Retirement and Pension System

PLAN SUMMARIES

System: TEACHERS & EMPLOYEES Reformed Contributory Pension Benefit (RCPB)

Status: Established 7/1/2011

Membership	Mandatory for permanent teachers and employees who are budgeted to work more than 500 hours in a fiscal year.
Member Contributions	7% of annual compensation
Average Final Compensation	Average of 5 highest consecutive years of earnings
Vested Benefits	Eligibility: At least 10 years of eligibility service Allowance: Benefit payments begin at age 65 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 60.
Service Retirement	Eligibility: Age 65 with 10 years eligibility service or Age + Eligibility Service years = 90 Allowance: 1.5% (.015) of AFC x creditable service
Early Retirement	Eligibility: Age 60 and 15 years of service Allowance: Service benefit reduced 6% per year (.005 X months) under age 65 Maximum reduction 30%
COLA	Limited to 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met
Ordinary Disability	Eligibility: 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. Allowance: Service retirement benefit with creditable service and salary projected to age 65.
Accidental Disability	Eligibility: Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. Allowance: Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.
Active Death Benefit	Eligibility: 1 year of eligibility service, or in the course of duty Payable: Annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.
Spouse Law Active Death Benefit	Eligibility: Spouse is the sole primary designated beneficiary and the member 1. was eligible to retire. 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service. Payable: In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit.
Line of Duty Death Benefit	Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions if death occurs in the performance of duty. Payable to spouse for life or minor children to age 18 or dependent parent for life.

System: TEACHERS & EMPLOYEES ALTERNATE CONTRIBUTORY PENSION SYSTEM (ACPS)**Status:** Established 7/01/2006 **Closed** to new members 6/30/2011

Membership	Mandatory for teachers and employees who were active as of 7/1/2006 to 6/30/2011 (closed)
Member Contributions	7% of annual compensation.
Average Final Compensation	Average of 3 highest consecutive years of earnings
Vested Benefits	Eligibility: At least 5 years of eligibility service Allowance: Benefit payments begin at age 62 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 55.
Service Retirement	Eligibility: 30 YEARS OF SERVICE <u>or</u> age 62 with 5 years eligibility service age 63 with 4 years eligibility service age 64 with 3 years eligibility service age 65 with 2 years eligibility service Allowance: 1.2% (.012) of AFC x creditable service up to 6/30/98 <u>plus</u> 1.8% (.018) of AFC x creditable service after 6/30/98
Early Retirement	Eligibility: Age 55 and 15 years of service Allowance: Service benefit reduced 6% per year (.005 X months) under age 62 Maximum reduction 42%
COLA	Limited to a 3% compounded COLA; Service after 7/1/2011 limited to 2.5% for years system assumed interest rate, 1% for years assumed rate not met
Ordinary Disability	Eligibility: 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. Allowance: Service retirement benefit with creditable service and salary projected to age 62.
Accidental Disability	Eligibility: Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. Allowance: Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.
Active Death Benefit	Eligibility: 1 year of eligibility service or death occurs in the performance of duty. Payable: Annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.
Spouse Law Active Death Benefit	Eligibility: Spouse is the sole primary designated beneficiary and the member 1. was eligible to retire. 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service. Payable: In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit.
Line of Duty Death Benefit	Annual benefit is 2/3 (.667) of AFC plus an annuity based on the member's accumulated contributions if death occurs in the performance of duty. Payable to spouse for life or minor children to age 18 or dependent parent for life.

System: TEACHERS & EMPLOYEES RETIREMENT SYSTEM (TRS/ERS)**Status:** TRS established 8/1/1927, ERS established 10/1/1941 **Closed** to new members 1/1/80

Membership	Mandatory for permanent members under the ERS and TRS plan (Closed 1/1/80)
Member Contributions	Plan A – 7% of annual compensation Plan B – 5% of annual compensation Plan C – Members whose employers didn't participate in the ECPS 0% up to SSWB 5% of compensation in excess of SSWB for the year Plan C – teachers, state employees or members whose employers elected to participate in ACPS and Reformed 7% of annual compensation (2% of elected ECPS)
Average Final Compensation	Average of 3 highest years of earnings
Vested Benefits	Eligibility: At least 5 years of eligibility service Allowance: Accrued allowance begins at age 60 based on service and salary at termination of employment.
Service Retirement	Eligibility: At least age 60, regardless of creditable service or at least 30 years of service regardless of age. Allowance: $\frac{AFC \times \text{Years of Service}}{55}$ Note Plan C requires 2 part calculation.
Early Retirement	Eligibility: At least 25 years of creditable service Allowance: Service benefit reduced 6% per year (.005 x months) under age 60 or 30 years, whichever is smaller – Maximum reduction is 30%
COLA	Plan A – Unlimited annual compounded COLA Plan B – Limited to a maximum 5% annual compounded COLA Plan C – Based on a combination of unlimited or 5% maximum compounded cola and 3% of initial benefit – Noncontributory Pension System or 3% compounded cola Contributory Pension System, ACPS and Reformed.
Ordinary Disability	Eligibility: 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. Allowance: Greater of normal service benefit or if member is under normal retirement age, lesser of 25% of AFC or normal service benefit with projected salary and service. OR 25% of AFS if member is normal retirement age.
Accidental Disability	Eligibility: Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. Allowance: Annual benefit is $\frac{2}{3}$ (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.
Active Death Benefit	Eligibility: 1 year of eligibility service or death occurs in the performance of duty. Payable: Lump sum annual salary plus member's contributions with interest.
Spouse Law Active Death Benefit	Eligibility: Spouse is the sole primary designated beneficiary and the member: 1. was eligible to retire. 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service. Payable: In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on option 2 benefit.
Line of Duty Death Benefit	Annual benefit is $\frac{2}{3}$ (.667) of AFC plus an annuity based on the members accumulated contributions if death occurs in the performance of duty. Payable to spouse for life or minor children to age 18 or dependent parent for life.

System: EMPLOYEES NON-CONTRIBUTORY PENSION SYSTEM (NCPS)

Status: Established 1/1/1980; Open only to PGUs who elected NOT to participate in the Contributory or ACPS

Membership	Mandatory membership for employees of Prince George's County Government, Prince George's County Crossing Guards, City of Crisfield, Crisfield Housing Authority and Town of North Beach Withdrawn Employers: Anne Arundel County Community Action Committee, Caroline County Roads Board, Carroll County Government, Town of Elkton, Garrett County Commission, Garrett County Roads Board and Howard County Government	
Member Contributions	0% of annual contribution up to SSWB 5% of annual compensation in excess of the SSWB for the year.	
Average Final Compensation	Member prior to 7/1/2011: Average of 3 highest consecutive years of earnings Member on or after 7/1/2011: Average of 5 highest consecutive years of earnings	
Vested Benefits	Member prior to 7/1/2011: Eligibility: At least 5 years of eligibility service Allowance: Benefit payments begin at age 62 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 55.	Member on or after 7/1/2011: Eligibility: At least 10 years of eligibility service Allowance: Benefit payments begin at age 65 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 60.
Service Retirement	Member prior to 7/1/2011: Eligibility: 30 Years of eligibility service <u>OR</u> Age 62 with 5 years eligibility service Age 63 with 4 years eligibility service Age 64 with 3 years eligibility service Age 65 with 2 years eligibility service	Member on or after 7/1/2011: Eligibility: Age 65 with 10 years eligibility service <u>OR</u> Age + Eligibility Service years = 90
	Allowance: .8% (.008) of AFC up to SSIL x creditable service PLUS 1.5% (.015) x AFC in excess of SSIL x creditable service	
Early Retirement	Member prior to 7/1/2011: Eligibility: Age 55 and 15 years of service Allowance: Service benefit reduced 6% per year (.005 X months) under age 62. Maximum reduction 42%	Member on or after 7/1/2011: Eligibility: Age 60 and 15 years of service Allowance: Service benefit reduced 6% per year (.005 X months) under age 65. Maximum reduction 30%
COLA	Service accrued prior to 7/1/2011 limited to a maximum 3% COLA on initial benefit. Service after 7/1/2011 limited to 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
Ordinary Disability	Eligibility: 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. Allowance: Service retirement benefit with creditable service projected and salary to normal retirement age	
Accidental Disability	Eligibility: Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. Allowance: Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.	
Active Death Benefit	Eligibility: 1 year of eligibility service or death occurs in the performance of duty. Payable: Annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.	
Spouse Law Active Death Benefit	Eligibility: Spouse is the sole primary designated beneficiary and the member was either eligible to retire, had at least 25 years of eligibility service or was at least 55 years old with 15 years of eligibility service. Payable: In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on option 2 benefit.	
Line of Duty Death Benefit	Annual benefit is 2/3 (.667) of AFC plus an annuity based on the member's accumulated contributions if death occurs in the performance of duty. Payable to spouse for life or minor children to age 18 or dependent parent for life.	

System: EMPLOYEES CONTRIBUTORY PENSION SYSTEM (ECPS)

Status: Established 7/1/1998; Open only to PGUs who elected NOT to participate in the ACPs

Membership	Mandatory for active employees of Town of Emmitsburg, City of Frostburg, Town of Middleton and City of Taneytown.	
Member Contributions	2% of annual compensation	
Average Final Compensation	Member prior to 7/1/2011: Average of 3 highest consecutive years of earnings Member on or after 7/1/2011: Average of 5 highest consecutive years of earnings	
Vested Benefits	Member prior to 7/1/2011: Eligibility: At least 5 years of eligibility service Allowance: Benefit payments begin at age 62 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 55.	Member on or after 7/1/2011: Eligibility: At least 10 years of eligibility service Allowance: Benefit payments begin at age 65 based on AFC at time of termination of employment. May qualify for a reduced benefit as early as age 60.
Service Retirement	Member prior to 7/1/2011: Eligibility: 30 Years of eligibility service <u>OR</u> Age 62 with 5 years eligibility service Age 63 with 4 years eligibility service Age 64 with 3 years eligibility service Age 65 with 2 years eligibility service	Member on or after 7/1/2011: Eligibility: Age 65 with 10 years eligibility service <u>OR</u> Age + Eligibility Service years = 90
	Allowance: 1.2% (.012) of AFC x creditable service up to 6/30/98 1.4% (.014) of AFC x creditable service after 6/30/98	
Early Retirement	Member prior to 7/1/2011: Eligibility: Age 55 and 15 years of service Allowance: Service benefit reduced 6% per year (.005 X months) under age 62. Maximum reduction 42%	Member on or after 7/1/2011: Eligibility: Age 60 and 15 years of service Allowance: Service benefit reduced 6% per year (.005 X months) under age 65. Maximum reduction 30%
COLA	Service accrued prior to 7/1/2011 limited to a 3% compounded COLA. Service after 7/1/2011 limited to 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
Ordinary Disability	Eligibility: 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. Allowance: Service retirement benefit with creditable service and salary projected to normal retirement age	
Accidental Disability	Eligibility: Permanently disabled as a direct result of an on the job injury. Must file within 5 years of the accident. Allowance: Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.	
Active Death Benefit	Eligibility: 1 year of eligibility service or death occurs in the performance of duty. Payable: annual salary plus member's contributions with interest. Note: In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.	
Spouse Law Active Death Benefit	Eligibility: Spouse is the sole primary designated beneficiary and the member 1. was eligible to retire. 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service. Payable: In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit.	
Line of Duty Death Benefit	Annual benefit is 2/3 (.667) of AFC plus an annuity based on the member's accumulated contributions if death occurs in the performance of duty. Payable to spouse for life or minor children to age 18 or dependent parent for life.	

System: CORRECTIONAL OFFICERS RETIREMENT SYSTEM (CORS)

Status: Established 7/1/1974

Membership	Mandatory for permanent correctional officers serving in any of the following positions: Correction Officer I, Correction Officer II, Cor. Officer Sergeant, Cor. Officer Lt, Cor. Officer Captain, Cor. Officer Major, Clifton T. Perkins maximum security attendants, correctional dietary, maintenance, laundry or supply officer. MCE officer, officer trainee, plant supervisor, plant manager or regional manager. On or after 7/1/2006 PGU detention center officer. On or after 7/1/2014 Security Chief, Facility Administrators, Warden and Assistant Warden. On or after 7/1/2016 Correctional Case Management Specialists.	
Member Contributions	5% of annual compensation	
Average Final Compensation	Member prior to 7/1/2011: Average of 3 highest years of earnings Member on or after 7/1/2011: Average of 5 highest years of earnings	
Vested Benefits	Member prior to 7/1/2011: 5 years of creditable service payable at age 55	Member on or after 7/1/2011: 10 years of creditable service payable at age 60
Service Retirement	Eligibility: 20 years of creditable service regardless of age, or age 55 for a correctional officer with 5 years of service if a member prior to 7/1/2011 or 10 years of service if a member on or after 7/1/2011. Allowance: AFC x Years of Service /55	
Early Retirement	Eligibility: Generally N/A. Exception: if you worked @ Baltimore City Jail prior to 1/1/1991 for at least 5 years and was CORS member on or after of 6/30/2006 the member has at least 10 years but less than 20 years of service.	
COLA	Service prior to 7/1/2011 Unlimited compounded COLA. Service on or after 7/1/2011 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
Ordinary Disability	Eligibility: 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. Allowance: Greater of normal service benefit or if member is under normal retirement age, lesser of 25% of AFC or normal service benefit with projected salary and service. OR 25% of AFS if member is normal retirement age.	
Accidental Disability	Eligibility: Permanently disabled as a direct result of an on the job injury. Allowance: Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions. Allowance may not exceed a member's AFC.	
Active Death Benefit	Eligibility: 1 year of eligibility service or death occurs in the performance of duty. Payable: Annual salary plus member's contributions with interest. In lieu of lump sum payment can take Spouse Law Active Death Benefit if qualifications below are met.	
Spouse Law Active Death Benefit	Eligibility: Spouse is the sole primary designated beneficiary and the member 1. was eligible to retire. 2. had at least 25 years of eligibility service or 3. was at least 55 years old with 15 years of eligibility service. Payable: In lieu of active death benefit, spouse entitled to receive a lifetime monthly allowance based on an option 2 benefit.	
Line of Duty Death Benefit	Annual benefit is 2/3 (.667) of AFC plus an annuity based on the member's accumulated contributions if death occurs in the performance of duty. Payable to spouse for life or minor children to age 18.	

System: LAW ENFORCEMENT OFFICERS PENSION SYSTEM (LEOPS)

Status: Established 1/1/2005

Membership	Mandatory membership for permanent employees in eligible positions.	
Member Contributions	7% of annual compensation.	
Average Final Compensation	Member prior to 7/1/2011: Average of 3 highest consecutive years of earnings Member on or after 7/1/2011: Average of 5 highest consecutive years of earnings	
Vested Benefits	Member prior to 7/1/2011: Eligibility: 5 years of eligibility service Allowance: Accrued retirement allowance payable at age 50.	Member on or after 7/1/2011: Eligibility: 10 years of eligibility service Allowance: Accrued retirement allowance payable at age 50.
Service Retirement	Eligibility: 25 years of service or age 50. Allowance: 2% average of final compensation for each year of creditable service up to a maximum of 30 years. Members may not exceed 60% of their AFC.	
Early Retirement	N/A	
COLA	Service prior to 7/1/2011 Up to 3% compounded. Service on or after 7/1/2011 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
Ordinary Disability	Eligibility: 5 years of eligibility service if medical board certifies the member is permanently disabled with regards to the performance of their job duties and MSRPS BOT grants disability allowance. Allowance: Service retirement benefit with creditable service projected and salary to age 50. Maximum of 30 years	
Accidental Disability	Eligibility: Permanent disability from performing job duties and incapacity must have arisen out of, or in the course of, the actual performance of duty as certified by the MSRPS BOT. Allowance: Annual benefit is 2/3 (.667) of AFC plus an annuity based on the members accumulated contributions.	
Ordinary Death Benefit	Allowance: If active member dies with less than 1 year of eligibility service and death does not occur in the line of duty, beneficiary receives a single payment consisting of member's contributions with interest. If active member dies with at least one but less than two years of eligibility service and death does not occur in the line of duty, designated beneficiary receives a single payment of 100% of salary at the time of death plus member's accumulated contributions with interest.	
Active Death Benefit	Eligibility: 2 or more years of service and death was not in the line of duty Allowance: A single lump sum payment consisting of member's contributions and interest. <i>PLUS</i> the spouse receives a monthly benefit equal to 50% of the ordinary disability retirement allowance. If there is no spouse the children under the age of 26 will receive the payment until they attain the age of 26.	
Special Death Benefit	Eligibility: Death occurred in the line of duty. Allowance: A single lump sum payment consisting of the member's contributions and interest paid to the designated beneficiaries. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of member's AFC. If there is no spouse, the children under the age of 26 will receive the payment until they attain the age of 26.	
DROP	Permits eligible retirees to continue to work as a law enforcement officer while depositing their monthly retirement allowance in an account earning 4% interest a year, compounded annually. Voluntary participation is the lesser of: (1) 5 years maximum, (2) difference between 30 years and member's years of service, or (3) term selected by member. Must have at least 25 years but less than 30 years of service.	

System: LAW ENFORCEMENT OFFICERS RETIREMENT SYSTEM

Status: Established 7/2/1990 Closed 12/31/2004

Membership	No new members after 1/1/2005.
Member Contributions	Plan A members - 7% of annual compensation Plan B members - 5% of annual compensation
Vested Benefits	Eligibility: 5 years of creditable service Allowance: Accrued retirement allowance payable at age 50.
Average Final Compensation	Average of 3 highest years of earnings
Service Retirement	Eligibility: 25 years of service regardless of age or age 50 regardless of years of service. Allowance: 2.3 average of final compensation for each year of creditable service up to 30 years. Plus 1% of AFC for service over 30 years of creditable service.
Early Retirement	N/A
COLA	Plan A – Unlimited compounded Plan B – Limited to a maximum of 5% compounded COLA
Ordinary Disability	Eligibility: 5 years of eligibility service if MSRPS BOT certifies the member is permanently disabled with regards to the performance of their job duties. Allowance: Service retirement benefit with minimum 25% of AFC.
Accidental Disability	Eligibility: Permanently disabled as a direct result of an on the job injury as certified by the MSRPS BOT. Allowance: 2/3 of the AFC plus member's contribution as an additional annuity
Ordinary Death Benefit	Allowance: If active member dies with less than 1 year of eligibility service and death does not occur in the line of duty beneficiary receives a single payment consisting of member's contributions with interest. If active member dies with at least one but less than two years of eligibility service and death does not occur in the line of duty, designated beneficiary receives a single payment of 100% of salary at the time of death plus accumulated member's contributions with interest. .
Active Death Benefit	Eligibility: 2 or more years of service and death was not in the line of duty Allowance: A single lump sum payment consisting of the member's contributions and interest. <i>PLUS</i> the spouse receives a monthly benefit equal to 50% of the ordinary disability retirement allowance. If there is no spouse, the children under the age of 18 receive the payment until they attain the age of 18.
Special Death Benefit	Eligibility: Death occurred in the line of duty. Allowance: A single lump sum payment consisting of the contributions and interest. <i>PLUS</i> the spouse receives a monthly benefit equal to 2/3 of the members AFC. If there is no spouse the children under the age of 18 will receive the payment until they attain the age of 18.
DROP	Permits eligible retirees to continue to work as a law enforcement officer while depositing their monthly retirement allowance in an account earning 4% interest a year, compounded annually. Voluntary participation is the lesser of: (1) 5 years maximum, (2) difference between 30 years and member's years of service, or (3) term selected by member. Must have at least 25 years but less than 30 years of service.

System: STATE POLICE RETIREMENT SYSTEM (SPRS)

Status: Established 7/1/1949

Membership	Mandatory for a police employee or cadet of the Maryland State Police	
Member Contributions	8% of annual compensation	
Average Final Compensation	Member prior to 7/1/2011: Average of 3 highest years of earnings Member on or after 7/1/2011: Average of 5 highest years of earnings	
Vested Benefits	Member prior to 7/1/2011 5 years of creditable service Allowance: accrued retirement payable at age 50	Member on or after 7/1/2011 10 years of creditable service
Service Retirement	Member prior to 7/1/2011 22 years of creditable service regardless of age, or age 50.	Member on or after 7/1/2011 25 years of creditable service regardless of age, or age 50.
	28 years of service maximum. Mandatory retirement at age 60 Allowance: 2.55% of AFC for each year of creditable service up to a maximum of 28 years. Member's annual basic allowance may not exceed 71.4% of AFC	
Early Retirement	N/A	
COLA	Service earned before 7/1/2011 Unlimited, compounded COLA. Service on or after 7/1/2011 2.5% for years system meets assumed interest rate, 1% for years assumed rate not met	
Ordinary Disability	Eligibility: 5 years of eligibility service if MSRPS BOT certifies the member is permanently disabled with regards to the performance of their job duties. Allowance: computed as a service retirement based on service retirement formula. Benefit cannot be less than 35% of AFC. Earnings Limitations: retirees have an earning limitation on any employment with a participating employer.	
Special Disability	Eligibility: There is no minimum service credit requirement. Totally and permanently incapacitated for duty arising out of or in the course of the actual performance of duty without willful negligence by member and certified by the medical board Allowance: Annual benefit is 2/3 (.667) of AFC plus an annuity based on the member's accumulated contributions. Allowance may not exceed a member's AFC.	
Ordinary Death Benefit	Eligibility and Allowance: <u>Less than 1 year of eligibility service</u> and death does not occur in the line of duty - beneficiary receives a single payment of member's contributions with interest. <u>At least one but less than two years of eligibility service</u> and death does not occur in the line of duty, designated beneficiary receives a single payment of 100% of salary at the time of death plus member's accumulated contributions with interest.	
Active Death Benefit	Eligibility: 2 or more years of service and death was not in the line of duty Allowance: A single lump sum payment consisting of member's contributions and interest. <i>PLUS</i> spouse receives a monthly benefit equal to 1/2 of the member's AFC. If no spouse, children under the age of 18 receive the payment until they attain the age of 18. If no spouse or minor children, benefit payable to member's dependent parents for life.	
Special Death Benefit	Eligibility: Death occurred in the line of duty. Allowance: A single lump sum payment consisting of member's contributions and interest. <i>PLUS</i> spouse receives a monthly benefit equal to 2/3 of the member's AFC. If no spouse, the children under the age of 18 receive the payment until they attain the age of 18. If no spouse or minor children, benefit payable to member's dependent parents for life.	
DROP	Permits eligible retirees to continue to work as a state trooper while depositing their monthly retirement allowance in an account earning 4% interest a year, compounded annually. Voluntary participation is the lesser of: (1) 4 years, (2) difference between age 60 and member's age, (3) Membership began before 7/1/2011 difference between 28 years and member's years of service. Membership began on or after 7/1/2011 difference between 29 years and member's years of service, or (3) term selected by member.	

System: JUDGE'S RETIREMENT SYSTEM (JRS)**Status:** Established 7/1/1969

Membership	Mandatory for judges of the District Court, Circuit Court, Court of Appeals, and Court of Special Appeals; members of the State Workers' Compensation Commission; and, full time masters in chancery and juvenile causes appointed on or before June 30, 1989.	
Member Contributions	8% of annual compensation for all members up to 16 years of service; after 16 years members no longer contribute.	
Vested Benefits	Member before 7/1/12: Immediate vesting, with payments beginning at age 60	Member after 7/1/2012: After 5 years, payments begin at age 60
	Allowance: Based on the creditable service accrued at time of termination of membership and salary of active judge/commissioner at time of retirement. For masters, the salary is that master's salary at time of termination of membership	
Service Retirement	<p>Eligibility: Age 60, regardless of service. Members must retire at age 70 as required by Article IV, section 3 of the Maryland Constitution.</p> <p>Allowance: 2/3 of the salary of active judge for 16 years of membership. Benefit is prorated if service is less than 16 years.</p>	
Early Retirement	N/A	
COLA	Retiree benefits are recalculated when the salary of active judge/commissioner is increased. Retired Masters receive an increase based on the percentage of increase provided to active Circuit Court judges.	
Ordinary Disability	<p>Eligibility: Permanently disabled as determined by MSRPS BOT; no minimum service requirement.</p> <p>Allowance: Service retirement calculation based on the members' actual length in service. However, members with at least 3 years of eligibility service receive no less than 1/3 of annual compensation of an active judge of that court.</p>	
Accidental Disability	N/A	
Active Death Benefit	50% of the retirement allowance that would have been payable were the member alive and eligible to receive a retirement allowance payable to the spouse. If the member does not have a spouse at the time of death, payable to a child (ren) under the age of 18 - each minor child receives equal share until age 18. Payment ends when last child reaches age 18. If no spouse or children under age 18, receives annual salary plus member's contributions and interest.	
Survivor Benefits	If the member is married at time of retirement or has children under age 18, the member must designate the spouse or if no spouse, children under age 18 for the basic allowance which provides a 50% lifetime benefit (ends for child at age 18) at the death of the retiree. If no spouse or children under age 18 at time of retirement, the member may elect one of several optional reduced benefit allowances.	

System: LEGISLATIVE PENSION PLAN (LPP)**Status:** Established 1/8/2003

Membership	Mandatory for legislators on or after January 14, 2015
Member Contributions	7% mandatory contributions of annual compensation for all members up to 22 years and three months of service. After that a member is no longer required to contribute to his/her retirement plan.
Vested Benefits	Eligibility: Members are vested with eight years of service. Eligible to receive vested benefit at service retirement age.
Service Retirement	Eligibility: Age 60 if earned creditable service before 1/14/2015. Age 62 if no earned creditable service before 1/14/2015. Member must have at least eight years of service Allowance: 3% of salary for each year of service for a maximum of 22 years and 3 Months (2/3 of salary)
Early Retirement	Eligibility: At least age 50 with earned creditable service before 1/14/2015 or age 55 with no earned creditable service before 1/14/2015 and eight years of service. Allowance: Service retirement benefit reduced 6% per year (.005 X month) under service retirement age. Maximum reduction 60% if retire at age 50 or 42% if retire at age 55.
COLA	Retiree's benefit is recalculated when the salary of active legislator is increased.
Ordinary Disability	Eligibility: Permanently disabled after eight years of service. Allowance: Service benefit earned at time of disability.
Accidental Disability	N/A
Active Death Benefit	Less than eight years of service - a lump sum benefit of annual salary plus member's contributions with interest. Eight years or more of service - surviving spouse receives 50% of the retirement allowance that would have been payable were the member alive and eligible to receive a retirement allowance. Or lump sum of annual salary plus member's contributions and interest. If not married, lump sum benefit.
Survivor Benefit	If the member is married at time of retirement, the member must designate the spouse for a 50% lifetime benefit. If the member is not married may designate a beneficiary for a monthly lifetime benefit or multiple beneficiaries for a lump sum payment. If the member marries or remarries during retirement, these alternate designations are voided and the spouse becomes the beneficiary.

Agency Codes

When completing retirement forms coordinators will need to indicate their agency code. State Agencies use their central payroll agency code. The first two digits designate the department:

- 21 - Legislative Department
- 22 - Judicial Department
- 23 - Executive Department
- 24 - Treasury Department
- 25 - Department of Budget & Management
- 26 - Retirement Agency(ies)
- 28 - Department of General Services
- 29 - Department of Transportation
- 30 - Department of Natural Resources
- 31 - Department of Agriculture
- 32 - Department of Health & Mental Hygiene
- 33 - Department of Human Resources
- 34 - Department of Labor, Licensing & Regulations
- 35 - Department of Public Safety and Correctional Services
- 36 - State Colleges and Universities
- 37 - Department of Housing & Community Development
- 38 - Department of Business & Economic Development
- 39 - Maryland Department of the Environment
- 40 - Department of Juvenile Services (4001)
- 40 - University of MD Medical Systems Corp. (4002)
- 41 - State Police and State Fire Marshal
- 50 - Criminal Court, Register of Wills

The remaining six digits designate the agency and unit.

Municipalities use an agency code assigned by MSRA. The first two digits indicate the county in which the agency is located:

- | | | |
|-----------------------|-----------------|----------------------|
| 65 - Allegany | 73 - Charles | 81 - Prince George's |
| 66 - Anne Arundel | 74 - Dorchester | 82 - Queen Anne's |
| 67 - Baltimore City | 75 - Frederick | 83 - St. Mary's |
| 68 - Baltimore County | 76 - Garrett | 84 - Somerset |
| 69 - Calvert | 77 - Harford | 85 - Talbot |
| 70 - Caroline | 78 - Howard | 86 - Washington |
| 71 - Carroll | 79 - Kent | 87 - Wicomico |
| 72 - Cecil | 80 - Montgomery | 88 - Worcester |

The third and fourth digits identify the type of agency:

- | | |
|---|--|
| 01 - Board of Education - Teachers' System | 13 - Assessors |
| 02 - Board of Education - Employees' System | 14 - Licensing |
| 03 - Community College - Teachers' System | 16 - Liquor Board |
| 04 - Community College - Employees' System | 25 to 39 - Municipality |
| 05 - Library - Teachers' System | 40 - University of MD Medical System |
| 06 - Library - Employees' System | 50 - Board of Election Supervisors |
| 07 - County Officials | 51, 52 - Used if more than one community college in a county |
| 11 - Commissioners (Government) | |
| 12 - Roads Department | 80 - Community Action |

The fifth through eighth digit may be used by the employing agency for its own use.

III. Forms

Employers are not authorized to post or alter Maryland State Retirement Agency forms. Forms are frequently updated. Please download the most up-to-date forms from our website sra.maryland.gov

ORDERING RETIREMENT FORMS

FORM-041 Form Requisition – Order quantities of retirement forms and pamphlets needed within the next six months.

MSRA Website Individual forms may be printed or downloaded from website sra.maryland.gov

Don't over order. Forms are frequently updated.

DOCUMENT FILING CHECKLIST

Retirement coordinators assist members in the completion and submission of forms to the State retirement office. Below are some general guidelines for filing forms.

- ☐ **Carefully Review the Completed Form:** Incomplete or inaccurate information will delay processing. It is essential that coordinators carefully review each form prior to submitting it to our office.
 - Full legal name including middle initial
 - Social Security Number
 - Member signed and dated form
 - Complete beneficiary information- name, address, SSN
 - Accurate salary information
 - Date of Birth
 - Current address
 - Coordinator printed name on form
 - Coordinator signed and dated form
 - Coordinator included direct phone number
- ☐ **Be Aware of Filing Deadlines:** Forms must be received by the retirement agency to meet filing deadlines. Late forms could either delay processing, payment or disqualify a member from obtaining the benefit. If not sure about a deadline, contact Retirement Agency.
- ☐ **Notarize When Necessary:** A number of forms require notarization. Incomplete or improper notarization will STOP processing. A Notary Public acknowledges the identity of the person signing the form, not the accuracy of the document. The document is legally binding if
 - The date the form was notarized is the same date the form was signed by the member or retiree.
 - The notary actually witnessed the signature;
 - The notary filled in name of person signing form, and
 - There are NO cross-outs or changes.

The notary and retirement coordinator may be the same person.

Faxed copies are acceptable if notary seal is clearly visible.
- ☐ **Immediately Send All Forms to MSRA:** Benefits are paid in accordance with forms on file with the retirement agency; not the employer. Do not delay submission.
- ☐ **Send Related Forms Together**

Application for Membership FORM 1

APPLICANT'S SECTION

- ☐ Verify Social Security number. (Attach copy of Social Security card if possible).
- ☐ Birth date must be the same as attached proof of birth. Attach copy of an acceptable verification of birth date.
- ☐ Form must be signed and dated.
- ☐ Verify questions 1 through 5 are answered; and if applicable, review transfer provisions with member and initial confirming they were read and reviewed.
 - If #1 'Yes'- Are they an active or former member, retiree or withdrawn?
 - If #3 'Yes'-Are they a retiree, beneficiary or both?

MSRPS retirees are *not* re-enrolled.

RETIREMENT COORDINATOR'S SECTION

- ☐ Accurately answer questions A through G
- ☐ Complete location code, number of contribution pay periods and system code.
- ☐ Sign, date and include direct telephone number.
- ☐ See ENROLLING NEW MEMBERS section for more information.

Correctional Officers Positions – see § 25-201 or
System: CORRECTIONAL OFFICERS
RETIREMENT SYSTEM (CORS) handbook

Teachers' classifications (COMAR 22.04.03):

- *Public School (02) and Board of Education (03)*
- *University or State College (04)*
- *Community College (05)*
- *Public Library (06).*

Indicate retirement system:

- 02 – Correctional Officers' Retirement System
- 03 – State Police Retirement System
- 06 – Teachers' Pension Systems
- 07 – Employees' Pension Systems
- 09 – Law Enforcement Officers' Pension System

If Teacher's applicant's classification is not listed in
COMAR, attach a Personnel Director certified job
description.

VERIFICATION OF BIRTHDATE

Attach a *readable* photocopy of one of the documents listed below to applicant's form. Indicate changed name on copy of document submitted if applicant's name was changed by marriage, or court order. Submitted document must show the date of birth and include social security number.

- A. Any one of the following documents is acceptable for U.S. citizens:
 - Birth Certificate;
 - Adoption Record;
 - Statement of Age Card from the county health dept. or U.S. Bureau of Vital Statistics;
 - U.S. Passport;
 - Naturalization Records;
 - Census Records from the U.S. Bureau of Census;
 - Military Documentation from any branch of the U.S. Armed Forces;
 - Hospital Birth Record, certified by the custodian of the record;
 - Unexpired Driver's License;
 - Maryland Identification Card, issued by the Maryland MVA
- B. If the applicant is not a U.S. citizen, the following must be submitted:
 - Resident Alien Registration Receipt Card

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 1 (REV. 12/15)

IMPORTANT: PLEASE READ THE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.

SECTION ONE — TO BE COMPLETED BY APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER 001-02-0003 GENDER (M or F) F DATE OF BIRTH 01/01/1970
Month Day Year
APPLICANT'S NAME Anne P Example
First Initial Last
HOME ADDRESS 100 Employer Ave Apt 10
Number and Street
City Anytown M D 2 1 0 0 0 - 0 0 0 0
State Zip Code
Home Phone Number (410) 123-4567 Home Email Address AExample@marland.gov

1. Have you ever been a member of the Maryland State Retirement and Pension System? Yes ☐ No ☐
2. Have you ever been a member of the Optional Retirement Plan (ORP)? Yes ☐ No ☒
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? Yes ☐ No ☒
4. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? Yes ☐ No ☒
5. Have you attached acceptable proof of birth date as described on the back of this form? Yes ☐ No ☒

IMPORTANT: If yes, read carefully the transfer provisions on the back of this form and then initial here: APE
I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Applicant's Complete Signature Anne P. Example Date 7/1/2016

SECTION TWO — TO BE COMPLETED BY RETIREMENT COORDINATOR

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? Yes ☒ No ☐
If part-time, what percentage of time is the applicant employed? 100% percent
- B. When did applicant begin present continuous service? Month 07 Day 1 Year 2016
- C. What is the applicant's complete job classification or title? Second grade Teacher
- D. Is applicant's current position Optional Retirement Plan (ORP) eligible? Yes ☐ No ☒
If yes and the applicant checked "Yes" to question 2 above (individual previously participated), STOP and complete Form 60 Election Not to Participate in the Teachers/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learning.
- E. What is the applicant's annual salary? \$ 48,000 What is the applicant's annual standard hours? 1750
- F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? N/A Yes ☐ No ☐
- G. If the applicant is eligible to request a transfer of service credit between retirement or pension systems as a result of this new employment, have you reviewed the transfer provisions on page two with the applicant? Yes ☒ No ☐

INDICATE SYSTEM: ☒ Teachers' Pension ☐ Employees' Pension ☐ Correctional Officers' Retirement
☐ State Police Retirement ☐ Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE 6 6 0 1 0 0 0 0 # OF RETIREMENT CONTRIBUTIONS DEDUCTED PER FISCAL YEAR 2 0 SYSTEM 0 6

Retirement Coordinator's Complete Signature/Date Karen P Coordinator

Telephone # 7/1/2016

FOR RETIREMENT USE ONLY		
MO	DAY	YEAR
ENTRANCE DATE		

INSTRUCTIONS

Purpose of this Form: The Application for Membership form provides the Maryland State Retirement Agency ("Agency") with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System ("System").

Instructions for Applicant (Section One):

1. Use a pen, print clearly, and provide the information requested in *Section One*, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, home telephone number and home email address.
2. Review and answer all of the questions in *Section One*. Note that if you answer "Yes" to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
3. Sign and date the form.
4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver's license, Maryland identification card, birth certificate, and United States passport.
5. It is strongly recommended by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

Instructions for Retirement Coordinator (Section Two):

1. Review the applicant's answers to questions 1-5 in *Section One*.
If the applicant answered "Yes" in question 3, please call the Agency to determine if he or she should be enrolled in the System.
2. Use a pen, print clearly, and answer questions A – G in *Section Two*. Pay particular attention to questions D and G.
If in question D, you have indicated that the applicant's current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from *Section One* that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System.
If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
5. Sign and date the form.
6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

1. The applicant's employment must be continuous, meaning a change in jobs without a break in employment.
2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement or pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) and *Election to Transfer Service* (Form 37) must be submitted to the Agency.

If you need help to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.

Designation of Beneficiary FORM 4

Member or retiree designates individuals including minor children, other relatives, friends, estate, trustee or charitable organization to receive death benefits unless otherwise restricted by law.

APPLICANT'S SECTION

- Applicant to complete all sections down to member's signature.
- Check appropriate box if working, retired or vested.
- Must list at least one beneficiary.
- If retiring, fill in retirement date.
- Form must be signed by member in the presence of a notary public.
- If member of more than one system, properly complete a *Designation of Beneficiary* (Form 4) for each system. Note plan on each form.

BENEFICIARIES

- Beneficiaries do not need to be related to the member or retiree.
- A member may designate as many primary and contingent beneficiaries as desired. (See BENEFICIARY DESIGNATION)

Primary beneficiary (ies)-Survivor benefit will be equally distributed between primary designated beneficiaries.

Contingent beneficiary (ies) - Survivor benefits will be equally distributed between contingent beneficiaries only if all primary beneficiaries are deceased.

SPOUSE: If the spouse is designated as a beneficiary, spouse's birth date must be complete.

- Spouse Law: If a member designates his or her spouse as sole primary beneficiary and the member meets certain eligibility requirements, the spouse may be eligible for a monthly allowance in lieu of a lump-sum payment if the member should die while on payroll.
- Beneficiary may be a minor child.
- If more than two primary or contingent beneficiaries are to be designated, an additional Form 4 must be used.

Multiple beneficiaries and forms: Check appropriate box in upper right hand corner. All forms must be signed, notarized and dated using the same date.

- Estate: Write "My Estate" in name section and as beneficiary address provide address of the person or business that will administer estate
- Organization/Charity: provide full name and address.
- If member or retiree established an Agreement of Trust or Testamentary Trust, they may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

RETIREES (Basic, Option 1 or 4) with multiple beneficiaries, submit Form 4 with the retirement application, Form 13-23.



IMPORTANT: If retired under OPTION 2, 3, 5 or 6 STOP. Retiree must complete a Form 66 to initiate a beneficiary change.

See reverse side of Form 4 for further instructions.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

DESIGNATION OF BENEFICIARY

IMPORTANT: Please return completed form to the address listed above. Print clearly and read the instructions first. Fill in all sections. Retain a copy for your records.

FOR RETIREMENT USE ONLY FORM 4 (REV. 9/15)

APPLICANT'S SOCIAL SECURITY NUMBER
001-02-0003

CHECK ONE: ☒ Active ☐ Vested ☐ Retired (If retiring, retirement date _____)

IMPORTANT: If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 86 to initiate any beneficiary changes.

APPLICANT'S NAME

Anne

P

Example

HOME ADDRESS

First

Initial

Last

100 Employer Ave Apt 10

Number and Street

Anytown

City

MD 21000-0000
State Zip Code

PRIMARY BENEFICIARY(IES) All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

☐ Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP Spouse Gender: F Birthdate: 02/02/1970
(M or F) Month Day Year

Morgan M Example
First Initial Last

BENEFICIARY'S ADDRESS 100 Employer Ave Apt 10, Anytown, MD 21000

BENEFICIARY'S NAME RELATIONSHIP Gender: Birthdate: Month Day Year
(M or F)

First Initial Last

BENEFICIARY'S ADDRESS

CONTINGENT BENEFICIARY(IES) If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death.

☐ Check if you used an additional Form 4 to name additional contingent beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP Daughter Gender: F Birthdate: 09/09/2015
(M or F) Month Day Year

Zoe L Example
First Initial Last

BENEFICIARY'S ADDRESS 100 Employer Ave Apt 10, Anytown, MD 21000

BENEFICIARY'S NAME RELATIONSHIP Gender: Birthdate: Month Day Year
(M or F)

First Initial Last

BENEFICIARY'S ADDRESS

TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have not designated any beneficiary or if all of the primary and contingent beneficiaries I have named die before me. I understand that I may change beneficiaries at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand certain payment due to a minor shall be made only to the legal guardian of that minor. SIGN IN THE PRESENCE OF A NOTARY PUBLIC. (Form not valid unless notarized.)

Signature Anne P. Example

Date Signed 7/1/2016

This form must be signed and notarized in order to be valid.

Please check (✓) for your system:

- (✓) 1 Teachers' Retirement System
- () 2 Employees' Retirement System
- () 2C Correctional Officers' Retirement System
- () 3 State Police Retirement System
- () 6 Teachers' Pension System (Incl. Bifurcated)
- () 7 Employees' Pension Sys. (Incl. Bifurcated)
- () 8/9 Law Enforcement Officers' Pension System

State of Maryland County of Anne Arundel (or City of Baltimore)

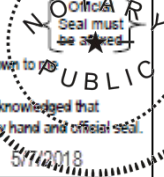
On this 1 day of July, 2016, before me, the undersigned officer,

personally appeared Anne P Example known to me
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public Karen P Coordinator
Printed Name of Notary Public Karen P Coordinator My Commission Expires 5/1/2018

* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.



PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

1. Important terms/definitions:

- Active Member:** a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- Vested Member or Former Member:** a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- Retiree:** an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- Primary Beneficiary:** person(s) to receive any benefits payable on your death
- Contingent Beneficiary:** person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an **Active Member** or a **Vested Member or Former Member**, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

Important note for active members who are married: If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your **sole/only** primary beneficiary.

If you are a **Retiree**, use this form to change your beneficiary(ies) **only** if you chose the Basic Allowance, Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You **may not** use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at sra.maryland.gov or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

Important note for participants of more than one State system: If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for **each** system. Members of the Judges' Retirement

System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

Minors: You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

Your estate: You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

Trustee: If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

Church or charitable organization: List the complete corporate or legal name.

6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form.

7. Notarization

This form is **not valid unless notarized** by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

Important note for all individuals filing this form: This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.

Application for Withdrawal of Accumulated Contributions FORM 5

APPLICANT'S SECTION

- Applicant to complete all sections down to member's signature.
- Form must be signed by member in the presence of a notary public.
- Applicant must be terminated from employment and not retired to receive a return of member's contributions.
- Withdrawal of member's contributions will forfeit any accrued service and right to any future retirement benefit, including disability. By completing and submitting this form, any disability claim previously filed is terminated.

RETIREMENT COORDINATOR'S SECTION

Coordinator's section must be completed unless applicant has been separated from employment more than a year

Qualified Public Safety Employee: If member was a qualified public safety employee (provided police protection, firefighting services or emergency medical services) check Yes in this section. Be careful to only check Yes if member was a qualified public safety employee.

A qualified public safety employee is defined as an employee of a State or political subdivision of a State (such as county or city) whose principal duties include services requiring specialized training in the area of police protection, firefighting services, or emergency medical services for any area within the jurisdiction of the State or the political subdivision of the State (Pension Protection Act Section 828).

Sign, date and indicate direct telephone number.

Complete the member's termination date and agency name.

IMMEDIATELY Notify the retirement agency if the member does not terminate membership or returns to employment.

OTHER REQUIRED DOCUMENTS

- Trustee-to-Trustee Distribution Form (Form 193)
- Acknowledgement of Special Notice
- Affirmative Election (Form 746)
- Special Tax Notice Regarding Plan Payments

For more information see REFUNDS and Review refund videos on our website.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

**APPLICATION FOR WITHDRAWAL
OF ACCUMULATED CONTRIBUTIONS**

RETIREMENT USE ONLY

Form 5 (REV. 5/16)

Purpose of this form: This form is used by an individual to request a withdrawal of his or her balance of accumulated contributions from the Maryland State Retirement and Pension System (System). An individual is eligible to request a withdrawal only if he or she has resigned or has been terminated from the position which made the person eligible to participate in the System. If you have not resigned your position or you have not been terminated from your position you are not eligible to withdraw your balance of accumulated contributions from the System.

INSTRUCTIONS

- Please print in ink, using one space per letter or number and skip a space between words.
- Keep a copy of the completed form for your records.
- The original, completed form must be returned to the Maryland State Retirement Agency, 120 E. Baltimore Street, Baltimore, Maryland 21202-6700.
- The top portion of this form (Section I) is to be completed by the person who is applying to withdraw his or her balance of accumulated contributions from the System.
- Your signature on this form must be notarized.
- Do not sign on the Member's Signature line until you are in the presence of a Notary Public who can notarize your signature.
- If your resignation/termination date is less than 12 months from the date that you are completing and submitting this form, a representative from your former employer's human resources department must complete the bottom portion of the form (Section II), titled "To be completed by the Retirement Coordinator," before you submit the completed form to the Retirement Agency.
- A signed copy of Form 746 *Acknowledgement of Receipt Special Tax Notice Regarding Your Rollover Options* must be submitted with this form.
- If you choose Refund Choice No. 1 you do not need to complete the Form 193 *Trustee-to-Trustee Distribution Form for Rollovers*.
- If you choose Refund Choice No. 2 or Refund Choice No. 3 a completed copy of the Form 193 *Trustee-to-Trustee Distribution Form for Rollovers* must be submitted with this form.
- Please allow up to 90 days from the latter of the Retirement Agency's receipt of your payroll contribution (the last pay period from your resignation/termination) or the receipt of your properly completed forms for the Retirement Agency to process your request. Refund checks are printed and mailed on the last day of each month.
- Refunds are paid by paper checks which are mailed to the address that you provide on this form. Note: Even if you requested to roll over all or a portion of your refund, all checks are mailed to you at the address provided on this form.
- The Retirement Agency will withhold federal taxes equal to 20% and Maryland state taxes (only if you are a Maryland resident) equal to 7.75% of the refund amount not rolled over to another qualified retirement plan.

SECTION I — To be completed by the Withdrawal Applicant

SOCIAL SECURITY NUMBER										Dept of Budget & Management										Ed.Example@refund.net									
1 2 3 - 4 5 - 6 7 8 9										Name of the Employing Agency at Resignation/Termination										Email Address									
NAME										DATE OF BIRTH																			
E d w a r d										J E x a m p l e										0 2 - 0 2 - 1 9 9 2									
First										Initial Last										Month Day Year									
HOME ADDRESS																													
9 N e w P a t h A v e										4 1 0 - 2 3 1 - 9 8 7 6																			
Number and Street										Daytime Telephone Number																			
A n y w h e r e										M D										2 2 2 2 2 -									
City										State										ZIP Code									

Are you a resident of Maryland? No ☐ Yes ☒ (For Maryland residents, State income tax withholding of 7.75% will be withheld from the taxable amount paid to you.)

Resignation/Termination Date: 0 1 - 1 5 - 2 0 1 6 Mo. Day Yr. If date entered is less than 12 months from date this form is signed, return completed form to your former employer's retirement coordinator to complete bottom section.

Have you submitted a claim for disability? No ☒ Yes ☐ If Yes, know that by completing and submitting this form, you are forfeiting all rights to a future benefit, including disability, and your disability claim will be terminated.

Are you terminating from an approved leave of absence and from employment? No ☒ Yes ☐ If Yes, give date terminated: Mo. Day Yr.

Are you transferring to a State Agency, County Board of Education, or Participating Governmental Unit? No ☒ Yes ☐

If yes, give name of new employing agency _____

PLEASE READ THE FREQUENTLY ASKED QUESTIONS AND SPECIAL TAX NOTICE BEFORE SELECTING YOUR CHOICE. CHECK ONE:

REFUND CHOICE NO. 1 <input type="checkbox"/> Entire amount refunded to me.	REFUND CHOICE NO. 2 (Complete Form 193) <input checked="" type="checkbox"/> Refund \$ 3,000 to me. Balance transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) (If transferring to a 457(b) governmental plan or 403(a) annuity plan, the minimum payable to me is the non-taxable amount, if any.)	REFUND CHOICE NO. 3 (Complete Form 193) <input type="checkbox"/> Entire amount transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) Both 457(b) governmental plans and 403(a) annuity plans prohibit a rollover of non-taxable funds from this plan.)
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A rollover of after-tax amounts is only permitted to an IRA or as a direct rollover to a 401(a) plan or 403(b) annuity that agrees to separately account for the after-tax amounts. Any employer pick-up contributions transferred under payment choices 2 or 3 lose their post tax status for Maryland income tax purposes. Mandatory federal income tax withholding is at the rate of 20% on the taxable amount paid to you.

TO THE BOARD OF TRUSTEES: I apply for the withdrawal of my accumulated contributions with interest earned and thereby terminate my membership in the Maryland State Retirement and Pension System and forfeit any further right to receive a future benefit, including disability retirement benefits. I have read and understand the Summary of Major Retirement Benefits. I have read and signed the enclosed Special Tax Notice Regarding Plan Payments (IRS Safe Harbor Explanation).

Member's Signature (Must sign in presence of notary) Edward J Example Date 2/12/2016

This form must be signed and notarized in order to be valid.

State of <u>Maryland</u> County of <u>Montgomery</u> (or City of Baltimore) On this <u>12</u> day of <u>February</u> , 20 <u>16</u> , before me, the undersigned officer, personally appeared <u>Edward J Example</u> <small>NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED</small> (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal. Signature of Notary Public <u>Karen R. Coordinator</u> Printed Name of Notary Public <u>Karen R. Coordinator</u> My Commission Expires <u>5/30/2017</u>	<div style="border: 2px solid red; padding: 5px;"> Notary Public Karen R. Coordinator State of Maryland </div>
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*** IMPORTANT:** If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

SECTION II — To be completed by the Retirement Coordinator

RETIREMENT COORDINATOR COMPLETES THIS SECTION		EMPLOYING AGENCY NAME: <u>Dept of Budget & Management</u>
This member's resignation/termination date is: <u>1/15/2016</u> This member's pay period ending date is: <u>1/19/2016</u> Section 828 of the Pension Protection Act of 2006 provides for a waiver of the ten percent (10%) early withdrawal penalty tax on certain distributions by pension plans to qualified public safety employees. Qualified public safety employees are defined by the Act as any employee of a State or political subdivision of a State who provides police protection, fire-fighting services or emergency medical services. Does this member or former member meet the definition of a qualified public safety employee with respect to his/her employment with you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No I certify that the above information regarding resignation/termination date and eligibility under section 828 of the Pension Protection Act is true and accurate to the best of my knowledge and that I am authorized to certify this information by my employer.		
<u>Karen R. Coordinator</u> Retirement Coordinator Signature	<u>2/12/2016</u> Date	<u>(410) 543-6789</u> Telephone Number

IMPORTANT: PLEASE READ "SUMMARY OF MAJOR RETIREMENT BENEFITS"

BENEFITS	SYSTEMS		
	Non-Contributory /Contributory Pension System	Alternate Contributory Pension Selection Plan – enrolled before 7/1/2011	Reformed Contributory Pension Benefit – Enrolled on or after July 1, 2011
Service Retirement Eligibility	<p>Members enrolled prior to 7/1/2011: Age 62 with at least 5 years of eligibility service, OR Age 63 with at least 4 years of eligibility service, OR Age 64 with at least 3 years of eligibility service, OR Age 65 or older with at least 2 years of eligibility service, OR At least 30 years of eligibility service regardless of age.</p> <p>Members enrolled 7/1/2011 or later: See Reformed Contributory Pension section</p>	<p>Age 62 with at least 5 years of eligibility service, OR Age 63 with at least 4 years of eligibility service, OR Age 64 with at least 3 years of eligibility service, OR Age 65 or older with at least 2 years of eligibility service, OR At least 30 years of eligibility service regardless of age.</p>	<p>At least age 60, regardless of creditable service, OR At least 30 years of creditable service, regardless of age.</p>
Formula	<p>Non-Contributory Pension: .8% of average final compensation up to Social Security integration level, plus 1.5% of average final compensation in excess of the Social Security Integration Level, times creditable service. Contributory Pension: 1.2% of average final compensation times service credit as of June 30, 1998, plus 1.4% of average final compensation times creditable service earned after June 30, 1998.</p>	<p>1.2% of average final compensation times creditable service as of June 30, 1998, plus 1.8% of average final compensation after June 30, 1998.</p>	<p>1.5% of average final compensation times creditable service. 1.8% of average final compensation times creditable service.</p>

BENEFITS	SYSTEMS			
	Non-Contributory /Contributory Pension System	Alternate Contributory Pension Selection Plan – enrolled before 7/1/2011	Reformed Contributory Pension Benefit – Enrolled on or after July 1, 2011	Retirement System – <i>Note: Bifurcated members are in the Retirement System but receive a combination benefit from both the Retirement & applicable Pension System</i>
Early Retirement Eligibility	Member enrolled prior to 7/1/2011: At least age 55 with at least 15 years of eligibility service.	At least age 55 with at least 15 years of eligibility service.	At least age 60 with at least 15 years of eligibility service.	At least 25 years of creditable service.
	Member enrolled 7/1/2011 or later: At least age 60 with at least 15 years of eligibility service			
Early Retirement Formula	Member enrolled prior to 7/1/2011: Same as service retirement formula, but reduced .005 times the number of months to age 62. Maximum reduction of 42%.	Same as service retirement formula, but reduced .005 times the number of months to age 62. Maximum reduction of 42%. For members who earn service credit on a ten month basis, the reduction is .006 for each month prior to age 62.	Same as service retirement formula, but reduced .005 times the number of months to age 65. Maximum reduction of 30%. For members who earn service credit on a ten month basis, the reduction is .006 for each month prior to age 65.	Same as service retirement formula, but reduced .005 times the lesser of the number of months to age 60 or 30 years of service. For members who earn service credit on a ten month basis, the reduction is .006 for each month prior to 30 years.
	Member enrolled 7/1/2011 and later: Same as service retirement formula, but reduced .005 times the number of months to age 65. Maximum reduction of 30%.			
Vested Service Retirement Eligibility	Member enrolled prior to 7/1/2011: At least 5 years of eligibility service.	At least 5 years of eligibility service.	At least 10 years of eligibility service.	At least 5 years of eligibility service.
	Member enrolled 7/1/2011 or later: At least 10 years of eligibility service.			
Formula	Member enrolled prior to 7/1/2011: Same as service formula with benefits beginning at age 62, OR an early service retirement if eligible.	Same as service formula with benefits beginning at age 62, OR an early service retirement if eligible.	Same as service formula with benefits beginning at age 65, OR an early service retirement if eligible.	Same as service formula with benefits beginning at age 60.
	Member enrolled 7/1/2011 or later: Same as service formula with benefits beginning at age 65, OR an early service retirement if eligible.			

BENEFITS	SYSTEMS			
	Non-Contributory /Contributory Pension System	Alternate Contributory Pension Selection Plan – enrolled before 7/1/2011	Reformed Contributory Pension Benefit – Enrolled on or after July 1, 2011	Retirement System – <i>Note: Bifurcated members are in the Retirement System but receive a combination benefit from both the Retirement & applicable Pension System</i>
Ordinary Disability Retirement Eligibility Formula	<p>Permanently disabled after 5 years of eligibility service.</p> <p>Member enrolled prior to 7/1/2011: Same as service retirement formula using creditable service projected to age 62.</p> <p>Member enrolled prior to 7/1/2011: Same as service retirement formula using creditable service projected to age 65.</p>	<p>Permanently disabled after 5 years of eligibility service.</p> <p>Same as service retirement formula using creditable service projected to age 62.</p>	<p>Permanently disabled after 5 years of eligibility service.</p> <p>Same as service retirement formula using creditable service projected to age 65.</p>	<p>Permanently disabled after 5 years of eligibility service.</p> <p>Same as service retirement formula with a minimum of 25% of average final compensation or a formula using creditable service projected to age 60.</p>
Accidental Disability Retirement Eligibility Formula	<p>Permanently and totally disabled by an accident in the performance of duty.</p> <p>2/3 of average final compensation plus accumulated contributions paid as an annuity.</p>	<p>Permanently and totally disabled by an accident in the performance of duty.</p> <p>2/3 of average final compensation plus accumulated contributions paid as an annuity.</p>	<p>Permanently and totally disabled by an accident in the performance of duty.</p> <p>2/3 of average final compensation plus accumulated contributions paid as an annuity.</p>	<p>Permanently and totally disabled by an accident in the performance of duty.</p> <p>2/3 of average final compensation plus accumulated contributions paid as an annuity.</p>

BENEFITS	SYSTEMS			
	Non-Contributory /Contributory Pension System	Alternate Contributory Pension Selection Plan – enrolled before 7/1/2011	Reformed Contributory Pension Benefit – Enrolled on or after July 1, 2011	Retirement System – <i>Note: Bifurcated members are in the Retirement System but receive a combination benefit from both the Retirement & applicable Pension System</i>
Cost-of-Living Adjustment to Retirement Benefit Eligibility Formula	Retired at least 1 year as of July 1 st . Member enrolled prior to 7/1/2011: Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment limited to a maximum of 3% of the initial/current (for non-Contributory/Contributory plan) retirement benefit for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met. Member enrolled 7/1/2011 or later: Any annual adjustment based on Consumer Price Index. Limited to 2.5% if assumed rate of return for investments is prior calendar year met otherwise 1% if investment target not met.	Retired at least 1 year as of July 1 st . Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment limited to a maximum of 3% of the current retirement benefit for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met.	Retired at least 1 year as of July 1 st . Any annual adjustment based on Consumer Price Index. Capped at 2.5% if assumed rate of return for investments is prior calendar year met otherwise 1% if investment target not met.	Retired at least 1 year as of July 1 st . Any annual adjustment based on Consumer Price Index. Unlimited annual adjustment for Plan A; maximum of 5% for Plan B; and a combination for Plan C based upon previous and current plans of participation.
Death Benefits – If you die before retirement while actively employed or while on an approved leave of absence and you have at least one year of eligibility. Beneficiary may receive:	(1) a single payment of your accumulated contributions plus your annual salary. If your sole primary beneficiary is your spouse, the spouse may choose a monthly allowance instead of the above benefit, if you: (1) were eligible to retire; or (2) had 25 years of eligibility service, or (3) were age 55 or older and had at least 15 years of eligibility service. If you are killed in the line of duty, different benefits are paid to your eligible spouse, minor children, or dependent parent.	(1) a single payment of your accumulated contributions plus your annual salary. If your sole primary beneficiary is your spouse, the spouse may choose a monthly allowance instead of the above benefit, if you: (1) were eligible to retire; or (2) had 25 years of eligibility service, or (3) were age 55 or older and had at least 15 years of eligibility service. If you are killed in the line of duty, different benefits are paid to your eligible spouse, minor children, or dependent parent.	(1) a single payment of your accumulated contributions plus your annual salary. If your sole primary beneficiary is your spouse, the spouse may choose a monthly allowance instead of the above benefit, if you: (1) were eligible to retire; or (2) had 25 years of creditable service, or (3) were age 55 or older and had at least 15 years of creditable service. If you are killed in the line of duty, different benefits are paid to your eligible spouse, minor children, or dependent parent.	(1) a single payment of your accumulated contributions plus your annual salary. If your sole primary beneficiary is your spouse, the spouse may choose a monthly allowance instead of the above benefit, if you: (1) were eligible to retire; or (2) had 25 years of creditable service, or (3) were age 55 or older and had at least 15 years of creditable service. If you are killed in the line of duty, different benefits are paid to your eligible spouse, minor children, or dependent parent.

POLICE PLANS

STATE POLICE RETIREMENT SYSTEM

1. **Service Retirement:** at age 50, or with 22 years (25 years for members enrolled 7/1/2011 or later) of eligibility service.
2. **Vested Retirement:** at age 50 if you have at least 5 years (10 years for members enrolled 7/1/2011 or later) of eligibility service.
3. **Ordinary Disability Retirement:** If you are permanently incapacitated with at least 5 years of eligibility service, regardless of age.
4. **Special Disability Retirement:** If you are permanently incapacitated in the performance of duty, regardless of age or creditable service.
5. **Cost-of-Living Adjustment to Retirement Benefit:** Must be retired at least one year as of July 1. Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment unlimited for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met.

CORRECTIONAL OFFICERS' RETIREMENT SYSTEM

1. **Service Retirement:** at age 55 for a correctional officer in the first six job classifications; a detention center officer employed by a participating governmental unit; a member serving as a correctional dietary, maintenance, laundry, or supply officer; a member serving as a Maryland Correctional Enterprises officer, officer trainee, plant supervisor, plant manager, or regional manager, OR at age 60 for a security attendant at the Clifton T. Perkins Hospital Center. OR, have 20 years of eligibility service, the last five years of which must be as a member in one of the classifications listed above.
2. **Vested Retirement:** Requires at least 5 years (10 years for members enrolled 7/1/2011 or later) of eligibility service.
3. **Ordinary Disability Retirement:** If you are permanently incapacitated with at least 5 years of eligibility service, regardless of age.
4. **Accidental Disability Retirement:** If you are permanently incapacitated in the performance of duty, regardless of age or creditable service.
5. **Cost-of-Living Adjustment to Retirement Benefit:** Must be retired at least one year as of July 1. Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment unlimited for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met.

LAW ENFORCEMENT OFFICERS' PENSION PLAN

1. **Service Retirement:** at age 50 or with 25 years of eligibility service.
2. **Vested Retirement:** at age 50 with at least 5 years (10 years for members enrolled 7/1/2011 or later) of eligibility service.
3. **Ordinary Disability Retirement:** If you are permanently incapacitated with at least 5 years of eligibility service, regardless of age.
4. **Accidental Disability Retirement:** If you are permanently incapacitated in the performance of duty, regardless of age or creditable service.
5. **Cost-of-Living Adjustment to Retirement Benefit:** Must be retired at least one year as of July 1. Any annual adjustment based on changes in the Consumer Price Index. Any annual adjustment limited to a maximum of 3% of the current retirement benefit for service credit earned by 7/1/2011. Service after 7/1/2011 earns adjustment capped at 2.5% if assumed rate of return for investments in prior calendar year is met otherwise 1% if investment target not met.

OTHER RETIREMENT SYSTEMS

JUDGES' RETIREMENT SYSTEM

1. **A Retirement Allowance if:** (1) You are at least age 60, regardless of the years of creditable service as a judge; or (2) You resign because of an incapacitating illness, regardless of age or years of creditable service as a judge.
2. **A Vested Retirement Allowance:** At age 60 if you leave your accumulated contributions on deposit with the Maryland State Retirement Agency.

LEGISLATIVE PENSION SYSTEM - For members of the Legislative Pension System, please call the Maryland State Retirement Agency for information.

If you wish to apply for one of the benefits, contact your employer's retirement coordinator or a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909 for the appropriate form or for additional information. Keep this information for your records.

Frequently Asked Questions...

when filing the

Application for Withdraw of Accumulated Contributions (Form 5)

Please review the following information when applying to withdraw accumulated contributions.
For retirement assistance call: 410-625-5555 or 1-800-492-5909.

Question: Do I need to have my former employer sign the Form 5?

Answer: If your termination date is less than 12 months from the date you complete the Form 5, you must forward the form to your former employer. You should send to the attention of the retirement coordinator or personnel office.

If your termination date is more than 12 months from the date you complete the Form 5, then you may send it directly to the Maryland State Retirement Agency.

Question: Does the Form 5 need to be notarized?

Answer: Yes. You must sign and date the form in the presence of a notary who will then affix the official seal and complete the required information. Be sure the notary enters your name on the line provided after "personally appeared" or the form will not be valid and no action will be taken.

By completing the Form 5, you are terminating your membership in the Maryland State Retirement and Pension System and are forfeiting any right to a future benefit including disability benefits. It is important that you acknowledge this forfeiture in the presence of a notary.

Question: Do I need to complete the *Trustee-to-Trustee Distribution Form for Rollovers* (Form 193)?

Answer: If you choose Refund Choice 2 or 3 you must sign and complete page one of the Form 193. Your financial institution must complete and return page two of the Form 193. The Form 193 is not valid unless both sections are properly completed.

Some "eligible retirement plans" do not accept rollovers, some do not accept rollovers of after-tax amounts and some may accept after-tax amounts if they separately account for the amount. IRC Section 457(b) governmental plans and IRC Section 403(a) annuity plans do not accept transfers of non-taxable amounts. Please check with the receiving plan as to whether or not they can accept the rollover before sending the Form 193 to the Agency.

Non-Taxable amounts – these amounts have already been subject to federal tax. If that is the only amount you wish refunded to you, write "NON-TAXABLE" on the line provided in Choice #2.

Note: The non-taxable amount will be determined at the time of the refund.

Question: If I choose Refund Choice 2 or 3 will the refund check be mailed directly to the financial institution accepting the rollover?

Answer: No. The refund check will be mailed to you at the address you provide on the Form 5. The refund check will be payable to you and the financial institution and you are responsible for delivering the check to the financial institution as soon as possible to complete the rollover.

The Maryland State Retirement and Pension System
120 East Baltimore Street • Baltimore, MD 21202-6700

sra.maryland.gov

Question: Do I need to complete an *Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election* (Form 746)?

Answer: Yes. The State Retirement Agency will not process a withdrawal request without a signed Form 746. If you did not receive a Form 746, please visit our website at sra.maryland.gov/participants and print a copy from the Forms and Downloads page or call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

Question: How long will it take for me to get my refund?

Answer: Refund checks are printed and mailed on the last day of each month.

Please allow up to 90 days from the latter of the receipt by the retirement agency of your last payroll contribution (the last pay period from your resignation/termination) or the date of receipt of the properly completed forms for processing.

Due to the volume of requests, the agency does not acknowledge receipt of withdrawal requests. Requests for withdrawals are processed in the order received. If you are rolling over your money, please inform the financial institution that it could take up to 90 days to receive the money.

Question: Is there any way to expedite payment?

Answer: No. Withdrawal requests are processed in the order that they are received.

Question: Will my refund be sent direct deposit?

Answer: No. You will receive a paper check mailed to the address you provide on the Form 5.

If you move before the refund has been processed, notify the agency in writing of your new address, including a full signature and social security number or date of birth. You can mail or fax the change of address to 410-468-1713 or 410-468-1707.

Question: Are taxes withheld from my refund?

Answer: If you select Refund Choice 1, "entire amount refunded," or Refund Choice 2, refund a designated amount, then the agency is required to withhold 20% of any taxable amount paid to you for federal taxes, and if you are a Maryland resident, the agency is required to withhold 7.75% of any taxable amount for Maryland state taxes.

If you select Refund Choice 3, "entire amount transferred to an eligible retirement plan," then the agency will not withhold any amount for federal or Maryland state taxes.

If you have any questions about your specific tax situation, consult your financial advisor, CPA or the Internal Revenue Service. The retirement agency cannot advise you on tax issues.

Question: Where do I send the completed forms?

Answer: Return the completed forms to:
Maryland State Retirement Agency
120 E. Baltimore Street
Baltimore, MD 21202-6700

The Maryland State Retirement and Pension System
120 East Baltimore Street • Baltimore, MD 21202-6700
sra.maryland.gov

Application for an Estimate of Service Retirement Allowance FORM 9

APPLICANT COMPLETES FORM

- Verify the Social Security number is correct.
- Only one "Effective Date of Retirement" may be entered on this form. If estimates for more than one retirement date are needed, submit a separate form for each effective date of retirement.
- Complete only the front page of the form.
- **RETIREMENT ALLOWANCES:** If member names a beneficiary, member will receive an estimate for the Basic Allowance and all option allowances (1-6). If choosing Option 2 or 5, beneficiary cannot be more than 10 years younger than the member unless the beneficiary is the spouse or disabled child. If no beneficiary is named, member will receive an estimate for the Basic Allowance and Options 1 and 4 only.
- Only one beneficiary may be listed on each form. The age of the beneficiary affects the benefit amount under options 2, 3, 5 or 6. If estimates for more than one beneficiary are needed, submit a separate form for each beneficiary.
- Sign and date the form.

RETIREMENT COORDINATOR

- Review the Important Points to Know and estimate checklist for more detailed retirement estimate information.
- Remind member that once their first retirement check becomes due, they cannot change allowance option.

An estimate request does not obligate member to retire.

The retirement agency does not acknowledge receipt of estimate applications.

Estimates may take up to three months or longer to process.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

APPLICATION FOR AN ESTIMATE OF
SERVICE RETIREMENT ALLOWANCE

IMPORTANT: Print in ink or type. If you need assistance in completing this application, call a retirement benefits specialist at 410-625-5555. If long-distance, call 1-800-492-5909.

FOR RETIREMENT USE ONLY

FORM 9 (REV. 3/15)

To be completed by the member. Note: At actual retirement, if your effective date is other than the first of a month, your monthly retirement benefit will not commence until the first of the month following your selected retirement date. Benefits are paid at the end of each month for the month just ended.

SOCIAL SECURITY NUMBER			EFFECTIVE DATE OF RETIREMENT			DAYTIME TELEPHONE NUMBER																										
9	8	7	-	6	5	-	4	3	2	1	0	7	-	0	1	-	2	0	1	6	4	1	0	-	5	5	5	-	1	2	3	4
NAME																																
H a r p e r												Q G e n e r i c																				
FIRST												LAST																				
ADDRESS																																
2 P i l a n L a n e																																
NUMBER AND STREET																																
P r e p a r e M D												2 0 4 1 1																				
CITY AND STATE												ZIP CODE																				

RETIREMENT ALLOWANCES: If you name a beneficiary, you will receive an estimate for the Basic Allowance and all option allowances (1-6). If no beneficiary is named, you will receive an estimate for the Basic Allowance and Options 1 and 4 only. Remember, once your first retirement check is paid, you may not change your allowance option.

If electing Option 2 or 5, you CANNOT designate a beneficiary who is more than 10 years younger UNLESS the beneficiary is your SPOUSE or DISABLED CHILD.

If Option 2, 3, 5 or 6 is requested complete the following:

Relationship (check):	Spouse <input checked="" type="checkbox"/>	Disabled child <input type="checkbox"/>	Other <input type="checkbox"/>	Beneficiary's Date of Birth	0	4	-	0	4	-	1	9	8	9	Beneficiary's Gender	M
Beneficiary's Name				F l y n n Y G e n e r i c												

If selecting Spouse, please indicate state/jurisdiction where marriage license was issued: Maryland Date of marriage: 5/5/2010

- BASIC** The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.
- OPTION 1** Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.
- OPTION 2** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.
- OPTION 3** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.
- OPTION 4** Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.
- OPTION 5** Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.
- OPTION 6** Provides a lower monthly benefit than the Basic Allowance, but guarantees that, after your death, one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

For Active Members Only: Do you wish to purchase any previous service for which you are eligible? (☒) YES (☐) NO
If yes, obtain a Form 26 from your retirement coordinator or download the form at sra.maryland.gov and attach a copy with this application.

Harper 2 Generic

Member's Signature

7/5/2015

Date

Important Points To Know...

when filing the

Application for an Estimate of Service Retirement Allowance (Form 9)

Please review the following information in regards to requesting a retirement allowance estimate. For retirement counseling call: 410-625-5555 or 1-800-492-5909.

- ☐ **Completion of a request for an estimate (Form 9) does not obligate you to retire on the date entered on the form.**
- ☐ The estimate of the options selected on the form does not include any unused sick leave days you may have at the time of retirement. At retirement, your employer will certify any unused sick leave days to the Retirement Agency but you must retire within 30 days of separating from employment in order to be credited with these days. These days are then converted into months and increase the monthly benefit you will actually receive.
- ☐ The estimates do not include deductions for taxes, health insurance, etc. They are estimated gross monthly amounts.
- ☐ You must claim any military service you have prior to your retirement. Military service claimed prior to submission of the estimate form (Form 9) will reflect that military credit in the monthly benefits shown on the estimate.
- ☐ **Active Members Only:** Submit the Request to Purchase Previous Service (Form 26) if you want to purchase any eligible service that is not in your account. A purchase request must be submitted to SRA prior to retiring. You may request the cost to purchase eligible service when you are within 12 months of retiring. If you are submitting a purchase request, you should submit the estimate form (Form 9) and check the bottom of the form in order to receive an estimate based on your service with and without the purchase.
- ☐ Estimates will only be done if the retirement date that you entered on the form is within one year of the date when the form was completed. You must also be eligible to retire on the date that you selected. Retirement dates are always the first of the month.
- ☐ Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important. Your option selection may affect your beneficiary's eligibility for continued health insurance.

Continued on following page.

Maryland State Retirement and Pension System
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Important Points to Know when filing the *Application for an Estimate of Service Retirement Allowance* (Form 9)

Continued from previous page.

- ☐ Provide a beneficiary's name, relationship to you, date of birth, and gender if you are interested in a dual-life annuity and ongoing beneficiary health benefit coverage. If you choose Option 2 or Option 5, the beneficiary may not be more than ten years younger than you unless the beneficiary is your spouse or your disabled child. You may still provide a monthly benefit to a beneficiary more than ten years younger who is not your spouse or disabled child under Option 3 or Option 6.

- ☐ Review your Benefits Handbook which may be found on the Retirement Agency website at www.sra.state.md.us for an explanation regarding each payment option.

You may also speak with a retirement benefits specialist to discuss the options either by making an appointment or by calling a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

- ☐ Due to the volume of requests, the Retirement Agency does not acknowledge receipt of estimate requests. Please allow at least eight weeks for processing.
- ☐ Return this form to the address below or fax to 410-468-1707.
- ☐ When you are ready to start receiving your retirement benefit, please contact your retirement coordinator, a retirement benefits specialist or visit the Retirement Agency website to receive the necessary forms.

Maryland State Retirement and Pension System
120 East Baltimore Street · Baltimore, MD 21202-6700
sra.maryland.gov

Name of Member _____

Date _____

CHECKLIST FOR FORM 9

(Application for an Estimate of Service Retirement Allowance)

Retirement Coordinator: Please review the following checklist in order to assist members in completion of the Form 9.

- ☐ TIME FRAME: Recommend members within 12 months of retiring request an estimate.

UNUSED SICK LEAVE: The estimated monthly benefits provided by the Maryland State Retirement Agency will not include any unused sick leave credit the member may receive at retirement.

At retirement, the unused sick leave days are reported and will be counted if the member retires and submits their retirement paperwork within 30 days of separating from employment.

- ☐ Instruct member to provide Social Security number, name, address and daytime telephone number.
- ☐ DATE OF RETIREMENT (MM DD YYYY) must be within one year of the date the member is completing the application.

To receive an estimate, the member must be eligible to retire on the effective date of retirement entered on the form.

If an estimate is desired for more than one retirement date, submit separate forms for each date.

Once the member has received the estimate, any questions on the options should be directed to a MSRA retirement benefits specialist.

A member may make an appointment to see a MSRA retirement benefits specialist to answer questions, or may call and speak with a MSRA retirement benefits specialist, or may submit his/her questions in writing or by email to be answered by a MSRA retirement benefits specialist.

To make appointments or speak with a MSRA retirement benefits specialist, call (410) 625-5555 or 1-800-492-5909.

Member may direct questions by email to sra@sra.state.md.us or to the following address:

**Maryland State Retirement Agency
120 East Baltimore Street
Baltimore, MD 21202**

RETIREMENT ALLOWANCES: If member names a beneficiary, member will receive an estimate for the Basic Allowance and all option allowances (1-6). If no beneficiary is named, member will receive an estimate for the Basic Allowance and Options 1 and 4 only.

Remind member that once their first retirement check is paid, they cannot change allowance option.

- ☐ **IMPORTANT: Option 2 or Option 5, the beneficiary listed on the form may not be more than 10 years younger than the member unless the beneficiary is the member's spouse or disabled child.**

- ☐ PURCHASE SERVICE CREDIT: Submit the *Request to Purchase Previous Service (Form 26)* with the Form 9 if the member wants to purchase eligible service for previous time worked and desires knowing how the purchase will affect the retirement benefit. A request to purchase service credit must be made prior to retirement and within 12 months before the member retires.

Send the *Request to Purchase Previous Service (Form 26)* to the employer where the service was worked for verification. Form 26 is then sent to the MSRA for determination of cost. A request to purchase does not obligate the member to purchase credit.

- ☐ Instruct the member to sign and date the form and mail it to the address shown at the top of the form.

CHECKLIST FOR FORM 9

(Application for an Estimate of Service Retirement Allowance)

MILITARY CREDIT: Instruct the member to claim any military service prior to retiring by completing *Claim of Retirement Credit for Military Service (Form 43)*. A request to claim military service must be made prior to retirement

VIDEOS: Encourage the member to view retirement videos on website www.sra.maryland.gov

SEMINARS: Encourage the member to attend one of the state-sponsored pre-retirement seminars. Any member who is within eight years of retirement may attend these sessions. Registration for the Pre-Retirement Seminars may be provided by the retirement Coordinator, by downloading the registration form from the web site at www.sra.maryland.gov or by contacting the Maryland State Retirement Agency at the numbers indicated on this form.

QUESTIONS? Refer all questions regarding retirement issues, benefits, or policy be directed to a MSRA retirement benefits specialist.

See SERVICE RETIREMENT ESTIMATE

State Police - Application for an Estimate FORM 10

APPLICANT COMPLETES FORM

- Verify that the Social Security number is correct.
- Only one "Effective Date of Retirement" may be entered on this form. If estimates for more than one retirement date are needed, submit a separate form for each effective date of retirement.
- Complete only the front page of the form.
- **RETIREMENT ALLOWANCES:** If not married, the optional allowances are available. For the optional allowances, only one beneficiary may be listed on each form. If estimates for more than one beneficiary are needed for options 2, 3, 5 or 6, submit a separate form for each beneficiary.
- If choosing Option 2 or 5, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is a disabled child.
- Sign and date the form.

RETIREMENT COORDINATOR

- Review the checklist containing more detailed retirement information.

An estimate request does not obligate member to retire.

The retirement agency does not acknowledge receipt of estimate applications.

Estimates may take up to three months or longer to process.

**STATE POLICE RETIREMENT SYSTEM
APPLICATION FOR AN ESTIMATE OF SERVICE
RETIREMENT ALLOWANCE**

FORM 10 (REV. 3/14)

SOCIAL SECURITY NUMBER										EFFECTIVE DATE OF RETIREMENT							DAYTIME TELEPHONE NUMBER															
1	2	3	-	4	5	-	5	7	8	9	0	7	-	0	1	-	2	0	1	7	4	1	0	-	5	5	5	-	1	1	1	1
										MO		DAY		YR																		

NAME										DATE																			
M	a	i	c	o	i	m				Q	P	u	b	i	c														
FIRST										INITIAL										LAST									

FIRST						MIDDLE						LAST					
MISCELLANEOUS																	

ADDRESS																			
9	8	1		P	I	A	N	A	V	E	N	U	E						
NUMBER AND STREET																			

S	o	m	e	w	h	e	r	e	M	D											2	1	1	1	1				
										CITY AND STATE															ZIP CODE				

RETIREMENT ALLOWANCES: If you are married, you will receive an estimate for the Basic Allowance only. If you are not married, you will receive an estimate for the Basic Allowance and Options 1 through 6. Remember, once your first retirement check is paid, you may not change your allowance option.

BENEFICIARY DESIGNATION:														
Relationship (check) : Spouse <input checked="" type="checkbox"/>		Disabled child <input type="checkbox"/>		Other <input type="checkbox"/>		Beneficiary's Date of Birth				Beneficiary's Gender				
						03 - 03 - 1955				F				
Beneficiary's Name														
Laura P. Blum														

If selecting Spouse, please indicate state/jurisdiction where marriage license was issued: **Allegany, Maryland** Date of marriage: **02/02/2015**

If electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your spouse or disabled child.

BASIC	Provides the largest monthly allowance each month until your death. At the retiree's death, 80% of the monthly allowance will be paid to the surviving spouse for life or until such surviving spouse dies. If there is no eligible surviving spouse, then 80% of the monthly allowance will be paid in equal shares to the children of the deceased retiree who are under age 18 until each child dies or attains age 18. If the retiree has no spouse or no children under age 18, the allowance ceases at the retiree's death.
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THE FOLLOWING OPTIONAL ALLOWANCES ARE ONLY AVAILABLE TO MEMBERS WITHOUT SPOUSES

OPTION - 1 Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

OPTION - 2 Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

OPTION - 3 Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

OPTION - 4 Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

OPTION - 5 Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

OPTION - 6 Provides a lower monthly benefit than the Basic Allowance, but guarantees that, after your death, one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will “pop-up” to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary’s date of birth with your final retirement application.

Do you wish to purchase any previous service for which you are eligible? () YES (X) NO
If yes, obtain a FORM 28 from your retirement coordinator and attach a copy with this application.

07/02/2016

Member's Signature _____

Page 1 of 3

Date _____

Important Points To Know...

when filing the State Police Retirement System

Application for an Estimate of Service Retirement Allowance (Form 10)

Please review the following information in regards to requesting a retirement allowance estimate. For retirement counseling call: 410-625-5555 or 1-800-492-5909.

- ☐ Completion of a request for an estimate (Form 10) does not obligate you to retire on the date entered on the form.
- ☐ The estimate of the options selected on the form does not include any unused sick leave days you may have at the time of retirement. At retirement, your employer will certify any unused sick leave days to the Retirement Agency but you must retire within 30 days of separating from employment in order to be credited with these days. These days are then converted into months and increase the monthly benefit you will actually receive.
- ☐ You must claim any military service you have prior to your retirement. Military service claimed prior to submission of the estimate form (Form 10) will reflect that military credit in the monthly benefits shown on the estimate.
- ☐ Submit the Request to Purchase Previous Service (Form 26) if you want to purchase any eligible service that is not in your account. A purchase request must be submitted to SRA prior to retiring. You may request the cost to purchase eligible service when you are within 12 months of retiring. If you are submitting a purchase request, you should submit the estimate form (Form 10) and check the bottom of the form in order to receive an estimate based on your service with and without the purchase.
- ☐ Estimates will only be done if the retirement date that you entered on the form is within one year of the date when the form was completed. You must also be eligible to retire on the date that you selected.
- ☐ By law, State Police Retirement System members who are married on the date of retirement receive the Basic Allowance. If you are married when you submit Form 10, you will receive an estimate for the Basic Allowance only.
- ☐ If you are not married at retirement, you may select the Basic Allowance or any of the six options. Unmarried members submitting Form 10 will receive estimates for all these options. Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important.

Continued on following page.

Maryland State Retirement and Pension System
120 East Baltimore Street · Baltimore, MD 21202-6700

sra.maryland.gov

Page 2 of 3

Important Points to Know when filing the State Police Retirement System *Application for an Estimate of Service Retirement Allowance* (Form 10)

Continued from previous page.

- ☐ Provide complete information about your beneficiary. If you choose Option 2 or Option 5, your beneficiary may not be more than ten years younger than you unless the beneficiary is your disabled child.
- ☐ Review your Benefits Handbook on the SRA website at sra.maryland.gov for an explanation regarding each payment option.

You also may speak with a retirement benefits specialist to review your options. Call 410-625-5555 or toll-free 1-800-492-5909 to schedule an appointment or discuss your options over the telephone.

Maryland State Retirement and Pension System
120 East Baltimore Street · Baltimore, MD 21202-6700

sra.maryland.gov

Page 3 of 3

Name of Applicant _____

Date _____

CHECKLIST FOR FORM 10

(State Police - Application for an Estimate of Service Retirement Allowance)

Retirement Coordinator: Please review the following checklist in order to assist in completion of the Form 10.

- ☐ **TIME FRAME:** Recommend that a request for an estimate be done within 12 months of retiring.

UNUSED SICK LEAVE: The estimated monthly benefits provided by the State Retirement Agency will not include any unused sick leave credit the applicant may receive at retirement. At retirement, the unused sick leave days are reported and will be counted if the applicant retires and submits their retirement paperwork within 30 days of separating from employment.

- ☐ Instruct applicant to provide Social Security number, name, address and daytime telephone number.

- ☐ **DATE OF RETIREMENT (MM DD YYYY)** must be within one year of the date the applicant is completing the application.

To receive an estimate, the applicant must be eligible to retire on the effective date of retirement entered on the form.

If an estimate is desired for more than one retirement date, submit separate forms for each date.

RETIREMENT ALLOWANCES:

- ☐ By law, if the applicant is married, he or she must check only the Basic Allowance.
- ☐ If the applicant is not married, recommend he or she check off as many option selections as possible.

Checking various option payments will provide the applicant with more monetary information which will assist the applicant in making a sound financial decision in choosing a payment option.

- ☐ Advise the applicant who selected Option 2, 3, 5, or 6 of the following:

Applicant must enter beneficiary information on one person in order to receive estimated benefits under Options 2, 3, 5, or 6.

Applicant must provide relationship of beneficiary to the applicant, name of the beneficiary, beneficiary's birth date and gender.

IMPORTANT: If Option 2 or Option 5 is selected, the beneficiary listed on the form may not be more than 10 years younger than the member unless the beneficiary is the applicant's disabled child.

- ☐ **PURCHASE SERVICE CREDIT:** Submit the *Request to Purchase Previous Service (Form 26)* with the Form 10 if the applicant wants to purchase eligible service for previous time worked and desires knowing how the purchase will affect the retirement benefit. A request to purchase service credit must be made prior to retirement.

CHECKLIST FOR FORM 10

(State Police - Application for an Estimate of Service Retirement Allowance)

Continued from previous page.

- ☐ Instruct the applicant to sign and date the form and mail it to the address shown at the top of the form.
- ☐ Once the applicant has received the estimate, any questions on the options should be directed to a MSRA retirement benefits specialist.

A applicant may make an appointment to see a retirement benefits specialist to answer questions, or may call and speak with a MSRA retirement benefits specialist, or may submit his/her questions in writing or by email to be answered by a MSRA retirement benefits specialist.

To make appointments or speak with a MSRA retirement benefits specialist, call (410) 625-5555 or 1-800-492-5909.

Applicant may direct questions by email to sra@sra.maryland.gov. An applicant may also mail any questions to the following address:

**Maryland State Retirement Agency
120 East Baltimore Street
Baltimore, MD 21202**

Recommend for any applicant thinking of retiring the following:

MILITARY CREDIT: Instruct the applicant to claim any military service prior to retiring by completing *Claim of Retirement Credit for Military Service (Form 43)*. A request to claim military service must be made prior to retirement.

Encourage the applicant to attend a state-sponsored pre-retirement seminar held in the Spring at Maryland State Police headquarters. Any applicant who is within eight years of retirement may attend this session.

Recommend any questions regarding retirement issues, benefits, or policy be directed to a MSRA retirement benefits specialist.

Remind applicant to contact the Retirement Coordinator within six to eight weeks prior to retiring to receive the retirement application forms to retire.

Application for Service or Disability Retirement FORM 13-23

APPLICANT'S SECTION PAGE 1

- Read page 1 instructions fully before completing.
- Also complete & submit: Direct Deposit Electronic Fund Transfer Sign-Up Form 85, the Reemployment After Retirement Form 127 and the Federal and State Tax Withholding Request Form 766.

DISABILITY RETIREMENT: Must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

APPLICANT'S SECTION PAGE 2

- Complete Social Security number, name, address, daytime telephone. If naming spouse, marriage date and State/jurisdiction must be completed.
- Indicate type: service retirement, ordinary disability or accidental disability retirement.
- Retirement date must be completed. Disability only: If blank, retirement agency will provide earliest retirement date (i.e. off payroll, claim date or end of LOA).
- If date is other than the first of the month, the retirement date is the first of the following month.

- Answer all questions asked. Refer to page 1 before answering the questions on Voluntary Monies.
- If one beneficiary is named, fill in complete address, Social Security number and date of birth.
- Form must be signed and dated by applicant in the presence of a notary public.
- Member must be off payroll on retirement date.

APPLICANT'S SECTION PAGE 3

- Select only one allowance option by signing and dating option choice
- If Options 2, 3, 5 or 6 are chosen, proof of birth must be attached for the beneficiary. Only one beneficiary may be chosen.
- If Option 2 or 5 is selected, the beneficiary chosen cannot be more than 10 years younger than the applicant unless the beneficiary is the spouse or applicant's disabled child. If the beneficiary under Option 2 or Option 5 is the

member's disabled child, complete Verification of Retiree's Disabled Child FORM 143 and send it with Form 13-23.

- See member proof of birth listed for Form 1 for acceptable beneficiary proof of birth date.
- Option Waiver (Form 703): Retiree can change their allowance option selection only by filing an Option Waiver (Form 703) and a new retirement application with MSRA before first payment is due.

RETIREMENT COORDINATOR'S SECTION

- Complete "most recent payroll period reported" section, noting the effective date of the last payroll period reported to the MSRA.
- Complete payroll information projected to the date of retirement for the applicant. Enter the payroll period contribution amount, standard hours, actual hours paid and the payroll ending date.
- No retirement contribution withheld if the last pay period ends on or after the retirement date.
- If the applicant will have a new annual salary in any of the projected payroll periods prior to retirement, enter the salary and effective date.
- Review the checklist for detailed instructions and retirement information.

- Unused sick leave is leave that was actually available to the employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

- Section E: Unused Sick Leave –Prior to retirement certify total days of unused sick leave on the last day worked and recertify unused leave 30 days after retirement date regardless of whether number of unused leave changes.

Retain a copy of form and submit recertification of unused sick leave 30 days after retirement.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

IMPORTANT: If you are applying for disability, this form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

FOR RETIREMENT
USE ONLY

FORM 13-23 (REV. 10/15)

INSTRUCTIONS FOR COMPLETION OF APPLICATION

IMPORTANT: Read the following instructions and information carefully before filling out this form.

NEED HELP: If you need help to complete this form, or need information on your retirement benefits or retirement process, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

1. Under the *non-contributory pension system*, benefit payments cannot be paid for periods prior to the date you file this application, so file at least two weeks before your selected effective date.
2. In addition to this form, you are required to complete Forms 127 (Reemployment After Retirement), 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. If you have chosen payment Option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof of birth. You can name only one beneficiary under these options. For information on other acceptable proofs of birth date, call a retirement benefits specialist at the number shown above.
4. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your spouse or disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 with this application.
5. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
6. If you wish to name more than one beneficiary and you are choosing the Option 1 Allowance or the Option 4 Allowance, you should not fill out the "Designation of Beneficiary" section on page 2. Instead, fill out and attach Form 4 (Designation of Beneficiary Form).
7. If you are eligible to participate in the State Employees Health Insurance Program, only Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents after your death. Contact your employing agency for details.
8. You may change your retirement allowance selection only by filing a change with the Maryland State Retirement Agency before your first payment normally becomes due. In most cases, the first payment is due 30 days after the effective date of your retirement. For example, if your effective retirement date is July 1 and you elected Option 5, you have until July 30 to change your option selection with the State Retirement Agency. You may not change your option selection after monthly benefit payments have commenced.
9. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
10. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a retirement benefits specialist.
11. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
12. Generally speaking, a member may not receive more than one type of retirement benefit.
13. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach completed Form 742 (Application for Withdrawal of Voluntary Funds), Form 193 (Trustee-to-Trustee Distribution Form) if applicable and Form 746 (Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election) to this application. These forms may be obtained by calling a retirement benefits specialist at the number shown above.
14. Refer to Form 127 (Reemployment After Retirement), which should be submitted with this application, for an explanation of how post retirement employment may affect your retirement benefits.

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

9 8 7 - 6 5 - 4 3 2 1

Gender

F
(M or F)

APPLYING FOR :

Check only one box

- ☒ Service Retirement
☐ Ordinary Disability Retirement
☐ Accidental Disability Retirement

APPLICANT'S NAME

H a r p e r Q G e n e r i c
First Initial Last

HOME ADDRESS

9 8 7 R e l a x a t i o n W a y

Number and Street

H a p p y M D 2 1 9 9 9 - 0 0 0 0
City State ZIP Code

Home telephone 410 - 555 - 1234

Home email address: Hgeneric@retired.com

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released. ☐ Yes ☐ No

I request that my retirement allowance be effective on 0 7 - 0 1 - 2 0 1 6
Month Day Year

Have you applied to purchase all additional credit for which you are eligible and intend to purchase? ☒ Yes ☐ No

Are you a U.S. citizen? ☒ Yes ☐ No

Have you applied for credit for your active duty military service? ☒ Yes ☐ No

I have Voluntary Monies: (see instructions on page one)
☐ I want my voluntary funds refunded in a one-time distribution.
OR
☐ I want my voluntary funds to remain as a monthly additional annuity.

DESIGNATION OF BENEFICIARY: If more than one beneficiary will be designated by members who select either the Basic Allowance, the Option 1 allowance, or the Option 4 allowance complete the "Designation of Beneficiary" Form 4 instead of the following section. Effective January 1, 2006, retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

☐ Check here to indicate that Form 4 is attached.

BENEFICIARY'S SOCIAL SECURITY NUMBER

1 2 3 - 4 5 - 6 7 8 9

RELATIONSHIP spouse

Gender

M
(M or F)

DATE OF BIRTH

0 4 - 0 4 - 1 9 8 9
Month Day Year

BENEFICIARY'S NAME

F i l y n n Y G e n e r i c
First Initial Last

BENEFICIARY'S ADDRESS

9 8 7 R e l a x a t i o n W a y

Number and Street

H a p p y M D 2 1 9 9 9 - 0 0 0 0
City State Zip Code

I hereby authorize the Board of Trustees to make payment according to the retirement allowance option selected on page three (3) to the beneficiary whom I have designated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should the beneficiary of the above-named benefit die before me, the amount which otherwise would have been payable to such beneficiary shall become a part of and be paid to my estate, or to such other beneficiary as I shall hereafter designate by written designation filed with the State Retirement Agency in accordance with the rules and regulations prescribed by the Board of Trustees.

Complete Signature *Harper Q Generic*

Date Signed 5/20/2016

This form must be signed and notarized in order to be valid.

State of Maryland County of Talbot (or City of Baltimore)
 On this 20 day of May, 2016, before me, the undersigned

officer, personally appeared **Harper Q Generic**, known to me

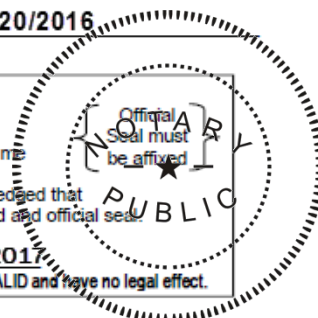
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained, in witness whereof I hereunto set my hand and official seal.

Signature of Notary Public *Karen P. Coordinator*

Printed Name of Notary Public Karen P. Coordinator My Commission Expires 5/1/2017

* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.



RETIREMENT ALLOWANCE OPTIONS

YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.
INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW.

BASIC ALLOWANCE:

The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death, including beneficiary health coverage for state employees. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.

SIGNATURE _____ DATE _____

OPTION 1:

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 2:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE *Harper 2 Generic* DATE **5/20/2016**

OPTION 3:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

OPTION 4:

Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 5:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 6:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

To be completed by employer and returned with application

Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: Harper Q Generic Administrator II
Applicant's Name Job Classification

Applicant's Social Security number: 9 8 7 - 6 5 - 4 3 2 1

A. The most recent payroll period reported was: 0 5 - 1 0 - 2 0 1 6
Month Day Year

B. The projected payroll information to be reported prior to retirement is:

Contribution \$ <u>71.92</u>	Standard hours <u>80</u>	Actual Hours Paid <u>80</u>	Pay Period Ending <u>05</u> <u>24</u> <u>2016</u>
			MO DAY YR
Contribution \$ <u>71.92</u>	Standard hours <u>80</u>	Actual Hours Paid <u>80</u>	Pay Period Ending <u>06</u> <u>07</u> <u>2016</u>
			MO DAY YR
Contribution \$ <u>71.92</u>	Standard hours <u>80</u>	Actual Hours Paid <u>80</u>	Pay Period Ending <u>06</u> <u>21</u> <u>2016</u>
			MO DAY YR
<u>Final</u> Contribution \$ <u>.00</u>	Standard Hours <u>80</u>	Actual Hours Paid <u>56</u>	Pay Period Ending <u>07</u> <u>05</u> <u>2016</u>
			MO DAY YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

C. The employee is separating from employment with the employer. The employee's last day on payroll is: 06/30/2016

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. Effective July 1, 2005, State law requires that there be a minimum of 45 days between the last day on payroll, as set forth above, and the date the employee is rehired by (a) a unit of state government if the employee's current employer is a unit of state government, or (b) a participating employer if the employee's current employer is the same participating employer.

D. **Salary Change:** Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?.....() YES (X) NO

If yes, the employee's new annual salary is \$ _____ and is effective _____
MO DAY YR

E. **Unused Sick Leave:** Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) <u>78</u> as of <u>05</u> <u>20</u> <u>2016</u> MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) <u>78</u> as of <u>07</u> <u>20</u> <u>2016</u> MO DAY YR Retirement Coordinator recertifying leave must initial here: <u>K.P.C</u> Date: <u>07/20/2016</u>

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

Karen P. Coordinator

Signature of Authorized Agent

5/20/2016

Date

Karen P. Coordinator

Printed Name of Authorized Agent

State Highway Administration

Full Name of Employer

Retirement Coordinator

Title of Authorized Agent

410.432.8765

DIRECT Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700

Important Points To Know...

when filing the

Application for Service or Disability Retirement (Form 13-23)

Please review the following information when planning and filing for retirement.
For retirement counseling call: 410-625-5555 or 1-800-492-5909.

- ☐ Apply to purchase any eligible service credit that is not in your account by completing the *Request to Purchase Previous Service* (Form 26) in the 12 months before you retire. You must submit your request to purchase service prior to retiring. A purchase of service increases the amount of service in your account towards becoming eligible to retire as well as the amount of your retirement benefit.
 - ☐ Claim your military service by completing the *Claim of Retirement Credit for Military Service* (Form 43) and submitting it to SRA before you retire. You must have at least 10 years of creditable state service in order to claim military service that occurred prior to your membership. Claiming military service increases the amount of service in your account towards becoming eligible to retire as well as the amount of your retirement benefit.
 - ☐ Submit a request for an estimate by filing the *Application for an Estimate of Service Retirement Allowance* (Form 9) within 12 months of retiring. See the Important Points to Know sheet that accompanies Form 9 for more information.
 - ☐ Determine when you want to retire. Go to your Retirement Coordinator, usually someone in your personnel or payroll office, and ask for the retirement forms to retire. You should receive the following forms:
 - Application for Service or Disability Retirement Form* (Form 13-23)
 - Direct Deposit Electronic Fund Transfer Sign-Up* (Form 85)
 - Federal and State Tax Withholding Request* (Form 766)
 - Reemployment After Retirement* (Form 127)
- Retirement forms should be sent to the Retirement Agency four to eight weeks before you retire. Form 13-23 can only be sent to the Agency from your employer so please allow sufficient time for your employer to process information on the back of the form and send it to the Agency.
- ☐ Ask any questions you have on retirement issues or forms to SRA retirement benefits specialists. You can make an appointment to see a specialist or you can talk with a specialist by calling 410-625-5555 or toll-free 1-800-492-5909.
 - ☐ Read carefully the first page of Form 13-23. Be sure you understand all information on the front page before completing the form. If you need any help, contact a retirement benefits specialist at 410-625-5555 or toll free at 1-800-492-5909.
 - ☐ **Any unused sick leave days that you have at retirement may be converted into months to add to your monthly benefit provided you retire within 30 days of separating from employment.**

Continued on following page.

The Maryland State Retirement and Pension System
120 East Baltimore Street · Baltimore, MD 21202-6700
sra.maryland.gov

Important Points to Know when filing the *Application for Service or Disability Retirement* (Form 13-23)

Continued from previous page.

- ☐ For State employees and employees of the University System of Maryland: If you are eligible to participate in the State Employees' Health Insurance Program, only selection of Option 2, 3, 5, or 6 will allow your eligible surviving dependents to continue health program coverage after your death. You must choose either Option 2, 3, 5, or 6 and name your spouse as beneficiary in order for the spouse to continue health insurance after your death.
- ☐ Choose a retirement date. If you choose the first of a month as your retirement date, you will receive your monthly retirement benefit at the end of that month. If you choose a date other than the first of the month, your first retirement benefit will be paid the end of the following month and it will be for one month's income only. You must be separated from employment on the date that you enter as your retirement date.
- ☐ If you have voluntary money, decide how you want that money paid to you. To verify if you have any voluntary money, refer to your most recent Personal Statement of Benefits or call a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.
- ☐ Name your beneficiary (ies). If you have selected Option 2, 3, 5, or 6, you may only name one beneficiary. If you choose the Basic Allowance, Option 1 or Option 4, you may name multiple beneficiaries. If you are naming multiple beneficiaries, check the box on Form 13-23 that indicates you are submitting Form 4 with your beneficiary information. Do not enter one beneficiary on Form 13-23 and the rest on Form 4. Enter multiple beneficiaries on Form 4.
- ☐ Choose your payment option. Be sure you understand each option before making your choice. Your estimate should be helpful in choosing the option best suited to you and to those who may rely upon you for continuing income after your death. Contact a retirement benefits specialist if you have questions regarding the payment options. **You may not change your payment option once your first payment comes due.**
- ☐ Submit proof of birth of your beneficiary if you choose Option 2, 3, 5, or 6. You may submit a copy of an unexpired driver's license, MD identification card provided by the Motor Vehicle Administration, birth certificate, passport, or military documentation, as examples.
- ☐ If you have chosen Option 2 or Option 5 and your beneficiary is your disabled child, you must have a physician complete the *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and attach it to this application.
- ☐ **No offers of reemployment should be made or discussed by you and your current employer until after you have retired.** Maryland law requires you to wait at least 45 days from your date of retirement before being reemployed as a retiree by your same employer. In this instance, all state agencies including the University System of Maryland are considered the same employer. If you return to work for the same employer, you may be subject to an earnings limitation as well as IRS rules may apply. Refer to the information on the most current *Reemployment After Retirement* (Form 127) for an explanation of the reemployment rules. If you have any questions, contact a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.
- ☐ Again, to receive credit for any unused sick leave days you have at retirement, you must retire within 30 days from when you separated from employment. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Name of Retiree _____

Date _____

CHECKLIST FOR FORM 13-23
(Application for Service or Disability Retirement)

Retirement Coordinator: Please review the following checklist before submitting the Form 13-23 to the Maryland State Retirement Agency.

ESTIMATES: Encourage member to request estimate (Form 9) of retirement benefit allowance before completing this form; preferably within the 12 months prior to retiring. Don't delay retirement waiting on an estimate. Estimate can take up to 3 months. See SERVICE RETIREMENT ESTIMATE

DISABILITY RETIREMENT: Retirees are not eligible to file a disability claim.

A member or former member must file a disability claim prior to the effective date of a service retirement. Advise members eligible for a normal service retirement to contact MSRA to discuss retirement options prior to filing disability claim.

FORM 13-23 must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by the Maryland State Retirement Agency, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

PURCHASE SERVICE CREDIT:

Encourage member to apply to purchase any eligible service and to claim any military service not in his/her account. The form must be at the

MSRA prior to retirement in order for the member to be eligible to purchase or claim any additional service credit. See SERVICE CREDIT PACKET and MILITARY CREDIT

- ☐ Approximately TWO (2) months before retiring, give the member a copy of the *Application for Service or Disability Retirement* (Form 13-23) for completion. Member must return form to coordinator. Employer submits form to the Maryland State Retirement Agency (MSRA).
- ☐ Encourage member to read carefully application instructions on front page. Direct application form questions to a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

State Health Insurance Beneficiary

Coverage: For state employees, if eligible to participate in the State Employees Health Insurance Program, only Option 2, 3, 5 or 6 continue health program coverage for eligible surviving dependents (i.e., spouse, dependent children) after retiree's death. Contact employing agency for details. Eligible surviving dependent must be named as the beneficiary.

CHECKLIST FOR FORM 13-23
(Application for Service or Disability Retirement)

Continued from previous page

- ☐ **VOLUNTARY MONEY:** If the member has voluntary money, be sure the member answered the question regarding distribution of that money.

To verify if the member has any voluntary money, refer to the member's latest Personal Statement of Benefits or most recent estimate.

A lump sum withdrawal of voluntary funds requires additional forms:

Form 742 Application for Withdrawal of Voluntary Funds

Form 193 Trustee-to-Trustee Distribution Form if applicable

Form 746 Acknowledgement of Special Tax Notice and Affirmative Election

Contact a retirement benefits specialist for forms or request the withdrawal form packet through our web site at sra.maryland.gov. Click on Participant, Member, Forms and Downloads and then Order Forms - Withdrawal of Voluntary Funds. See REFUNDS for more information.

- ☐ **BENEFICIARY:** Verify member named a beneficiary.

If only one beneficiary is being named, enter the beneficiary information on Form 13-23. If Options 2, 3, 5, or 6 are chosen, only one primary beneficiary may be named. No contingent beneficiary (ies) may be named.

If Options 2, 3, 5, or 6 are chosen, member must submit proof of birth for the beneficiary (See Section III Form 1 of this guide for a list of valid proofs of birth for the beneficiary).

If Option 2 or Option 5 is selected, check to be sure the member's beneficiary is not

more than 10 years younger than the member unless the beneficiary is the member's spouse or disabled child.

If the beneficiary under Option 2 or Option 5 is the member's disabled child, complete Verification of Retiree's Disabled Child FORM 143 and send it with Form 13-23.

Basic Allowance, Options 1, or 4 allow for multiply beneficiaries. If these options are chosen and multiple beneficiaries desired, check the box on Form 13-23 indicating DESIGNATION OF BENEFICIARY FORM 4 attached and then submit the Form 4 with the list of beneficiaries.

Be sure the beneficiary's relationship to the member, gender and date of birth (MM DD YYYY) are completed on the form. The address of the beneficiary must be supplied.

- ☐ **SIGNATURE/NOTARY:** Check if member has signed the bottom of page 2 and the signature was notarized.

Check that the member's signature date and the date of the notary are the same.

Check that the notary's commission date has not expired.

- ☐ **ALLOWANCE OPTIONS:** Verify the member signed and dated next to the payment option selected.

Option Waiver (Form 703): Before the first payment is paid, a retiree can change their allowance option selection only by filing an Option Waiver (Form 703) and a new retirement application (Form 13-23) with MSRA.

CHECKLIST FOR FORM 13-23
(Application for Service or Disability Retirement)

Continued from previous page

EMPLOYER SECTION: The employer completes the back of Form 13-23.

- ☐ Enter the member's name, social security number and job title on the back.
- ☐ SECTION A: Enter the date (MM DD YYYY) of the most recent payroll period reported.
- ☐ SECTION B: Complete if member is continuing employment after the most recent payroll period reported to the retirement date. If not, leave this section blank.

NOTE: No retirement contribution is due for a pay period ending on or after the retirement date. Please do not submit a contribution for this payroll period. Example: If the pay period ends on 7/10 and the retirement date is 7/1, no contribution is sent. If the retirement date is 7/1, and the last pay period ends 6/30, a contribution is required.

- ☐ SECTION C: Enter the member's last day on payroll. The last day the employee reported to work or was on paid leave.

REEMPLOYMENT IMPORTANT: No offers of reemployment should be made or discussed by the employer at the time of retirement.

Inform the member that they must wait at least 45 days after retirement date before being rehired by any MSRPS participating employer.

Being rehired by the same employer may cause the retiree to be subject to reemployment rules. Encourage retiree to contact MSRA before being rehired if they have any reemployment questions.

- ☐ SECTION D: Enter the employee's annual salary if it will differ from the annual salary reported on the most recent payroll period.

If no salary change will occur for the employee, check NO.

☐ **Section E: Unused Sick Leave**

IMPORTANT: A member must retire within 30 days of separation from employment in order to have any unused sick leave days credited towards the retirement benefit.

Unused sick leave: leave actually available to the employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have after retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example: 2500 hours ÷ 8 hours = 312.5 days which is reported as 312 days.

Standard Full-Time Hours: The standard full-time hours for State agencies and *most* participating governmental units (PGU) is eight (8) hours. Participating units whose standard full-time hours is less than eight (8) hours per day should divide unused sick leave hours by the employer's standard full-time hours.

Example: 2500 hours ÷ 7.5 hours = 333.3 days. Report as 333 days.

Part-time employees: Divide unused sick leave hours by the standard full-time hours regardless of hours worked.

Example: 1250 hours ÷ 8 hours = 156.25 days. Report as 156 days.

CHECKLIST FOR FORM 13-23
(Application for Service or Disability Retirement)

Continued from previous page.

☐ **Sign and date the back of the form.**

Print clearly the name of the authorized agent. The retirement coordinator is usually the “authorized agent”.

Be sure that the daytime telephone number of the authorized agent is the person’s direct line and not a general number or call center. This is important in case the Agency needs to contact the authorized agent for any last minute adjustments to the form.

Mail the Form 13-23 directly to the Maryland State Retirement Agency at the address shown on the form.

☐ Keep a copy of the back of Form 13-23.

OTHER RETIREMENT FORMS:

Send with Form 13-23

☐ Reemployment After Retirement FORM 127

☐ Direct Deposit Electronic Fund Transfer Sign-Up FORM 85

☐ If applicable, retiree health insurance forms. Send directly to Benefits agency

After the retirement date: Coordinator must recertify unused leave 30 days after retirement date regardless of whether there are any changes.

Steps to reporting changes:

1. Complete “Recertified Sick Leave” section on previously copied form;
2. Calculate and write in the corrected number of days on the previously copied form;
3. Initial and date the corrected form; and
4. Send the revised, signed form to MSRA within 30 days of the member’s retirement date.

Submit sick leave recertification to the attention of:

Sick leave Recertification

Fax (410) 468-1713

Employer Unused Sick Leave Recertification FORM 13 SL

RETIREMENT COORDINATOR'S SECTION

IMPORTANT: Member must retire within 30 days of separation from employment for any unused sick leave days credited towards retirement benefit.

Unused sick leave: Leave actually available to employee as sick leave during employment. No other unused leave balances (i.e. personal leave) may be reported as unused sick leave.

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have after retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example: $2500 \text{ hours} \div 8 \text{ hours} = 312.5 \text{ days}$ which is reported as 312 days.

Standard Full-Time Hours: The standard full-time hours for State agencies and *most* participating governmental units (PGU) is eight (8) hours.

Participating units whose standard full-time hours is less than eight (8) hours per day should divide unused sick leave hours by the employer's standard full-time hours.

Example: $2500 \text{ hours} \div 7.5 \text{ hours} = 333.3 \text{ days}$. Report as 333 days.

Part-time employees: Divide unused sick leave hours by the standard full-time hours regardless of hours worked.

Example: $1250 \text{ hours} \div 8 \text{ hours} = 156.25 \text{ days}$. Report as 156 days.

After the retirement date: Coordinator must recertify unused leave 30 days after retirement date regardless of whether there are any changes.

Steps to reporting changes:

1. Complete "Recertified Sick Leave" section on previously copied form;
2. Calculate and write in the corrected number of days on the previously copied form;
3. Initial and date the corrected form; and
4. Send the revised, signed form to MSRA within 30 days of the member's retirement date.

An explanation is required if the difference between days reported after retirement is 10 days more than the days reported prior to retirement.

Submit sick leave recertification to the attention of:

Sick leave Recertification

Fax (410) 468-1713

Years of Service	Maximum UNUSED Sick Leave DAYS
0 - 1	0 - 15
1 - 2	16 - 30
2 - 3	31 - 45
3 - 4	46 - 60
4 - 5	61 - 75
5 - 6	76 - 90
6 - 7	91 - 105
7 - 8	106 - 120
8 - 9	121 - 135
9 - 10	136 - 150
10 - 11	151 - 165
11 - 12	166 - 180
12 - 13	181 - 195
13 - 14	196 - 210
14 - 15	211 - 225
15 - 16	226 - 240
16 - 17	241 - 255
17 - 18	256 - 270
18 - 19	271 - 285
19 - 20	286 - 300
20 - 21	301 - 315
21 - 22	316 - 330
22 - 23	331 - 345
23 - 24	346 - 360
24 - 25	361 - 375
25 - 26	376 - 390
26 - 27	391 - 405
27 - 28	406 - 420
28 - 29	421 - 435
29 - 30	436 - 450
30 - 31	451 - 465
31 - 32	466 - 480
32 - 33	481 - 495
33 - 34	496 - 510
34 - 35	511 - 525
35 - 36	526 - 540
36 - 37	541 - 555
37 - 38	556 - 570
38 - 39	571 - 585
39 - 40	586 - 600
40 - 39	601 - 615
41 - 42	616 - 630
42 - 43	631 - 645
43 - 44	646 - 660
44 - 45	661 - 675

UNUSED Sick Leave Days	Retirement Credit 10 month Teachers & Employees	Retirement Credit 12 Month Employees
1 - 10	0	0
11 - 32	1	1
33 - 54	2	2
55 - 76	3	3
77 - 98	4	4
99 - 120	5	5
121 - 142	6	6
143 - 164	7	7
165 - 186	8	8
187 - 208	9	9
209 - 230	10	10
231 - 252	10	11
253 - 274	10	12
275 - 296	11	13
297 - 318	12	14
319 - 340	13	15
341 - 362	14	16
363 - 384	15	17
385 - 406	16	18
407 - 428	17	19
429 - 450	18	20
451 - 472	19	21
473 - 494	20	22
495 - 516	20	23
517 - 538	20	24
539 - 560	21	25
561 - 582	22	26
583 - 604	23	27
605 - 626	24	28
627 - 648	25	29
649 - 670	26	30

Coordinator must certify all unused leave days regardless of whether it exceeds the maximum credit allowed or is insufficient to any unused sick leave credit.

Maryland State Retirement Agency determines unused sick leave retirement credit.

Unused Sick Leave Recertification

*Explanation required if the difference between days reported after retirement is 10 days more than the days reported prior to retirement.

[illegible]

Karen P. Coordinator

6/20/2016

Retirement Coordinator Signature

Date

State Police - Application Service/Disability Retirement FORM 14-24

APPLICANT'S SECTION PAGE 1

- Read page 1 instructions fully before completing.
- OTHER FORMS: *Direct Deposit Electronic Fund Transfer Sign-Up Form 85*, the *Reemployment After Retirement Form 128* and the *Federal and State Tax Withholding Request Form 766*.

DISABILITY RETIREMENT: Must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

APPLICANT'S SECTION PAGE 2

- Social Security number, name, address, daytime telephone, marriage date and State must be completed.
- Retirement type: service retirement, ordinary disability or special disability retirement. (select only one)
- RETIREMENT DATE: Applicant must be off payroll. The retirement date is effective the first of the following month. Disability only: If the retirement date is blank, the Retirement Agency will provide the earliest possible date (i.e. off payroll, claim date or end of LOA)

- Answer all questions asked. Refer to page 1 before answering the questions on Voluntary Monies.
- If one beneficiary is named, fill in complete address, Social Security number and date of birth.
- Form must be signed and dated by applicant in the presence of a notary public.

Retiree must be off payroll on retirement date.

APPLICANT'S SECTION PAGE 3

- Select only one option. The choice is indicated by applicant's signature and date.
- Basic Allowance: If married, must choose Basic Allowance with Spouse as beneficiary. (proof of birth must be attached for spouse and/or children)
- If Options 2, 3, 5 or 6 are chosen, proof of birth must be attached for the beneficiary.
- If Option 2 or 5 is chosen, beneficiary cannot be more than 10 years younger than applicant unless beneficiary is a disabled child. If the

beneficiary under Option 2 or Option 5 is the member's disabled child, complete *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and send it with Form 14-24.

- The same proof of birth that is accepted for Form 1 can be used to verify the birth date of a beneficiary. See Form 1 for a list of acceptable documents for verification of birth date.

RETIREMENT COORDINATOR'S SECTION

- Complete "most recent payroll period reported" section, note the effective date of the last payroll period reported to the MSRA.
- Complete payroll information projected to the date of retirement for Applicant. Enter the payroll period contribution amount, standard hours, actual hours paid and the payroll ending date.
- No retirement contribution withheld if last pay period ends on or after retirement date.
- Salary Change: Note any change in salary and effective date.

- Section E: Unused Sick Leave – Prior to retirement date certify total days of unused sick leave on the last day worked and recertify unused leave 30 days after effective date regardless of whether there are any changes.
- DROP: If the applicant is going into DROP, submit Form 756 and a binding letter of resignation with this application form.
- Review the checklist containing more detailed retirement information.

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700**

**APPLICATION FOR SERVICE OR DISABILITY RETIREMENT
STATE POLICE**

IMPORTANT: This form must be completed and filed within 120 days of notification of board approval for disability retirement. COMAR 17.04.03.16E states, if a state employee is approved for disability retirement by SRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

RETIREMENT
USE ONLY

FORM 14-24 (REV. 10/15)

INSTRUCTIONS FOR COMPLETION OF APPLICATION

IMPORTANT: Read the following instructions and information carefully before filling out this form.

NEED HELP: If you need help to complete this form, or any information on your retirement benefits or retirement process, call a Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909.

1. If you are married at time of retirement, you must choose the Basic Allowance.
2. After you have completed this form, you should also complete Forms 128 (Reemployment After Retirement), 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. If you have chosen the Basic Allowance or payment Option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof. For information on acceptable proofs of birth date, call a Retirement Benefits Specialist at the number shown above.
4. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 (Verification of Retiree's Disabled Child for Selection of Option 2/5 Beneficiary) with this application.
5. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
6. If you wish to name more than one beneficiary and you are choosing the Option 1 Allowance or the Option 4 Allowance, you should not fill out the "Designation of Beneficiary" section on page 2. Instead, fill out and attach Form 4 (Designation of Beneficiary Form).
7. If you are eligible to participate in the State Employees Health Insurance Program, The Basic Allowance or Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents, after your death. Contact your employing agency for details.
8. You may change your retirement allowance selection only by filing a change with the State Retirement Agency before your first payment is due. In most cases, the first payment is due 30 days after the effective date of your retirement. You cannot change your selection after this due date.
9. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
10. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a Retirement Benefits Specialist.
11. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
12. Generally speaking, no member may receive more than one type of retirement benefit.
13. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach completed Form 742 (Application for Withdrawal of Voluntary Funds), Form 193 (Trustee-to-Trustee Distribution Form) if applicable and Form 746 (Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election) to this application. These forms may be obtained by calling a Retirement Benefits Specialist at the number shown above.
14. Refer to Form 128 (Reemployment After Retirement), which should be submitted with this application, for an explanation of how post retirement employment may affect your retirement benefits.

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

9 8 7 - 6 5 - 4 3 2 1

APPLYING FOR :

Check only one box

☐ Service Retirement

☐ Ordinary Disability Retirement

☒ Special Disability Retirement

APPLICANT'S NAME

M a r t i n

D

T r o o p e r

First

Initial

Last

HOME ADDRESS

1 2 S a f e t y S t r e e t

Number and Street

L a w

City

M D

State

2 1 0 0 0

Zip Code

- 0 0 0 0

Home telephone 410 - 555 - 1234

Home email address: mdtrooper@law.gov

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released. ☐ Yes ☐ No

I request that my retirement allowance be effective on 0 7 - 0 1 - 2 0 1 6
Month Day Year

Have you applied to purchase all additional credit for which you are eligible and intend to purchase? ☒ Yes ☐ No

Are you a U.S. citizen? ☒ Yes ☐ No

Have you applied for credit for your active duty military service? ☒ Yes ☐ No

I have Voluntary Monies: (see instructions on page one)

☐ I want my voluntary funds refunded in a one-time distribution.

OR

☐ I want my voluntary funds to remain as a monthly additional annuity.

DESIGNATION OF BENEFICIARY: If more than one beneficiary will be designated by members without a spouse or children under age 18 who select either the basic allowance, the option 1 allowance, or the option 4 allowance, complete the "Designation of Beneficiary" Form 4 instead of the following section. Effective January 1, 2006, retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

☐ Check here to indicate that Form 4 is attached.

BENEFICIARY'S SOCIAL SECURITY NUMBER

9 8 7 - 6 5 - 1 2 4 3

RELATIONSHIP

Spouse

Gender

F

(M or F)

DATE OF BIRTH

0 8 - 2 8 - 1 9 6 0

Month

Day

Year

BENEFICIARY'S NAME

E r i k a

W

T r o o p e r

First

Initial

Last

BENEFICIARY'S ADDRESS

1 2 S a f e t y S t r e e t

Number and Street

L a w

City

M D

State

2 1 0 0 0

Zip Code

- 0 0 0 0

I hereby authorize the Board of Trustees to make payment according to the retirement allowance option selected on page three (3) to the beneficiary whom I have designated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should the beneficiary of the above-named benefit die before me, the amount which otherwise would have been payable to such beneficiary shall become a part of and be paid to my estate, or to such other beneficiary as I shall hereafter designate by written designation filed with the State Retirement Agency in accordance with the rules and regulations prescribed by the Board of Trustees.

Complete Signature Martin D Trooper

Date Signed 5/12/16

This form must be signed and notarized in order to be valid.

State of Maryland County of Garrett (or City of Baltimore)
On this 12 day of May, 20 16, before me, the undersigned

officer, personally appeared Martin D Trooper, known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *

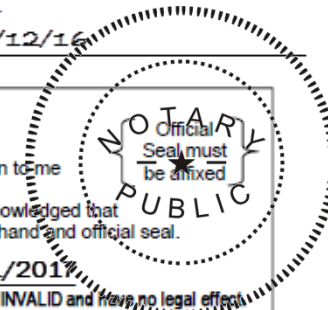
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public Karen P. Coordinator

Printed Name of Notary Public Karen P. Coordinator

My Commission Expires 5/1/2017

* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.



RETIREMENT ALLOWANCE OPTIONS
YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.
INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW

BLOCK 1 - BASIC ALLOWANCE

The **BASIC ALLOWANCE** provides the largest allowance each month until your death. At your death, 80% of the monthly allowance will be paid to your surviving spouse for life. If there is no eligible surviving spouse or if an eligible surviving spouse dies, then 80% of the monthly allowance will be paid in equal shares to your children who are under age 18 until every child dies or attains age 18. If you have no spouse or no children under age 18, the allowance ceases at your death and your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later. If you die before the effective date of retirement, your selection shall be void and benefits due to the death of a member in service will be paid. If you choose this option, send proof of your beneficiary's date of birth with this application.

SIGNATURE Martin D Trooper

DATE 5/12/16

BLOCK 2 - OPTIONAL ALLOWANCES

The following optional allowances are only available to members without a spouse as of the date of retirement. Sign the appropriate section in this block to indicate the selected option. Optional allowances are effective on the effective date of retirement. If you die before the effective date, the selected option shall be void and the benefits due to death of a member in service will be paid. The selected option cannot be changed after the first payment normally becomes due.

OPTION 1:

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. Option 1 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____

DATE _____

OPTION 2:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE _____

DATE _____

OPTION 3:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____

DATE _____

OPTION 4:

Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. Option 4 does not provide for continued beneficiary health coverage after your death.

SIGNATURE _____

DATE _____

OPTION 5:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE _____

DATE _____

OPTION 6:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____

DATE _____

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

To be completed by employer and returned with application

Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: Martin D Trooper State Trooper
Applicant's Name Job Classification

Applicant's Social Security number: 9 8 7 - 6 5 - 4 3 2 1

A. The most recent payroll period reported was: 0 5 - 1 0 - 2 0 1 6
Month Day Year

B. The projected payroll information to be reported prior to retirement is:

Contribution \$	<u>71.92</u>	Standard hours	<u>80</u>	Actual Hours Paid	<u>80</u>	Pay Period Ending	<u>05</u>	<u>24</u>	<u>2016</u>
							MO	DAY	YR
Contribution \$	<u>71.92</u>	Standard hours	<u>80</u>	Actual Hours Paid	<u>80</u>	Pay Period Ending	<u>06</u>	<u>07</u>	<u>2016</u>
							MO	DAY	YR
Contribution \$	<u>71.92</u>	Standard hours	<u>80</u>	Actual Hours Paid	<u>80</u>	Pay Period Ending	<u>06</u>	<u>21</u>	<u>2016</u>
							MO	DAY	YR
<u>Final</u> Contribution \$	<u>.00</u>	Standard Hours	<u>80</u>	Actual Hours Paid	<u>56</u>	Pay Period Ending	<u>07</u>	<u>05</u>	<u>2016</u>
							MO	DAY	YR



No retirement contribution is due for a pay period ending on or after the retirement date.

C. The employee is separating from employment with the employer. The employee's last day on payroll is: 06/30/2016

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. Effective July 1, 2005, State law requires that there be a minimum of 45 days between the last day on payroll, as set forth above, and the date the employee is rehired by (a) a unit of state government if the employee's current employer is a unit of state government, or (b) a participating employer if the employee's current employer is the same participating employer.

D. **Salary Change:** Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?.....() YES (X) NO

If yes, the employee's new annual salary is \$ _____ and is effective _____
MO DAY YR

E. **Unused Sick Leave:** Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) <u>312</u> as of <u>05</u> <u>20</u> <u>2016</u> MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) <u>313</u> as of <u>07</u> <u>20</u> <u>2016</u> MO DAY YR
	Retirement Coordinator recertifying leave must initial here: <u>K.P.C</u> Date: <u>07/20/2016</u>

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

Karen P Coordinator
Signature of Authorized Agent
05/20/2016
Date

Karen P Coordinator
Printed Name of Authorized Agent
Maryland State Police
Full Name of Employer

Retirement Coordinator
Title of Authorized Agent
410.555.5555
DIRECT Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700

Name of Retiree _____

Date _____

CHECKLIST FOR FORM 14-24

(State Police - Application for Service or Disability Retirement)

Retirement Coordinator: Please review the following checklist before submitting the Form 14-24 to the Maryland State Retirement Agency.

ESTIMATES: Encourage applicant to request an estimate of his/her retirement benefits before completing this form. To receive an estimate, Form 10 must be completed and sent to the Agency within the 12 months prior to retiring.

DISABILITY RETIREMENT: Retirees are not eligible to file a disability claim.

A State Police member or former member must file a disability claim prior to the effective date of a service retirement. Advise applicant to contact MSRA to discuss retirement options prior to filing disability claim.

FORM 14-24 must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

PURCHASE SERVICE CREDIT

Encourage the applicant to file to purchase any eligible service and to claim any military service not in his/her account. The form must be at the MSRA prior to retirement in order for the applicant to be eligible to purchase or claim any additional service credit.

DEFERRED RETIREMENT OPTION PROGRAM (DROP)

If the applicant is eligible for the Deferred Retirement Option Program (DROP) and wants to participate, complete an *Application for the Deferred Retirement Option Program* (Form 756), a binding letter of resignation and an *Acknowledgement of Special Tax Notice and Affirmative Election* (Form 746) along with Form 14-24.

FORM 14-24

Approximately two months before retiring, give the applicant a copy of the *Application for Service or Disability Retirement* (Form 14-24) for completion.

Applicant must return FORM to coordinator for mailing to the Maryland Retirement Agency (MSRA). Only the employer may submit this form.

☐ Encourage applicant to read carefully the instructions on the front page.

Any questions on the form should be directed to a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

STATE HEALTH INSURANCE: It is important that applicants understand that if they are eligible to participate in the State Employees Health Insurance Program, only an option providing a monthly benefit to an eligible surviving spouse or dependent children will continue their health insurance coverage (i.e., spouse, dependent children) after the death of the retiree. The applicant must choose one of these options and name the eligible surviving dependent as the beneficiary.

UNUSED SICK LEAVE: Applicant must retire within 30 days of separation from employment in order to have any unused sick leave credited towards retirement benefit.

CHECKLIST FOR FORM 14-24

(State Police - Application for Service or Disability Retirement)

Continued from previous page (2 of 4).

RETIREMENT DATE: A retirement date must be chosen.

The applicant must choose a date to retire when he/she is off payroll. If hours reported to the Agency, he/she may not retire that date.

Payment is made at the end of the month if the applicant chooses the first of that month for a retirement date. If an applicant chooses a date other than the first of the month, the payment will begin the end of the next month and will only be one month's benefit.

VOLUNTARY MONEY: If the applicant has voluntary money, be sure the applicant answered the question regarding distribution of that money.

To verify if the applicant has any voluntary money, refer to the applicant's latest Personal Statement of Benefits or most recent estimate.

A lump sum withdrawal of voluntary funds requires additional forms:

Form 742 Application for Withdrawal of Voluntary Funds
Form 193 Trustee-to-Trustee Distribution Form if applicable
Form 746 Acknowledgement of Special Tax Notice and Affirmative Election

Contact a retirement benefits specialist for forms or request the withdrawal form packet through our web site at sra.maryland.gov. Click on Participant, Member, Forms and Downloads and then Order Forms - Withdrawal of Voluntary Funds.

See REFUNDS for additional information.

BENEFICIARY: Verify applicant named a beneficiary.

If only one beneficiary is being named, enter the beneficiary information on Form 14-24. If Options 2, 3, 5, or 6 are chosen, only one primary beneficiary may be named. No contingent beneficiary (ies) may be named.

If Option 2 or Option 5 is selected, check to be sure the applicant's beneficiary is not more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.

If the beneficiary under Option 2 or Option 5 is the applicant's disabled child, complete *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and send it with Form 14-24.

Basic Allowance, Options 1, or 4 allow for multiply beneficiaries. If these options are chosen and multiple beneficiaries desired, check the box on Form 14-24 indicating Form 4 is attached and then submit the Form 4 with the list of beneficiaries.

Be sure the beneficiary's relationship to the applicant, gender and date of birth (MM DD YYYY) are completed on the form. The address of the beneficiary must be supplied.

Option Waiver (Form 703): Retiree can change their allowance option selection only by filing an Option Waiver (Form 703) and a new retirement application with MSRA before first payment is paid.

SIGNATURE/NOTARY: Check if applicant signed the bottom of page 2 and the signature was notarized.

Check that the applicant's signature date and the date of the notary are the same.

Check that the notary's commission date has not expired.

CHECKLIST FOR FORM 14-24

(State Police - Application for Service or Disability Retirement)

Continued from previous page (3 of 4).

ALLOWANCE OPTION: Verify the applicant signed and dated next to the payment option selected.

MARITAL STATUS: If married, the applicant must select the Basic Allowance and name the spouse as beneficiary. If not married, the applicant may select any option.

If Options 2, 3, 5, or 6 are chosen, member must submit proof of birth for the beneficiary (See Section III Form 1 of the Retirement Coordinator's Manual for a list of valid proofs of birth for the beneficiary).

EMPLOYER SECTION: The employer completes the back of Form 14-24.

- ☐ Enter the name of the applicant on the back.
- ☐ SECTION A: Enter the date (MM DD YYYY) of the most recent payroll period reported.
- ☐ SECTION B: Determine the intent of the applicant regarding employment from the most recent payroll period to the retirement date. If applicant is continuing employment after the most recent payroll period reported, complete B section. If not, leave this section blank.

NOTE: If the last payroll period ends on or after the retirement date, no retirement contribution is owed by the applicant. Please do not submit a contribution for this payroll period, if possible.

- ☐ SECTION C: enter the applicant's last day on payroll.

IMPORTANT REEMPLOYMENT REMINDER:
No offers of reemployment should be made or discussed by the employer at the time of retirement.

Inform applicant he/she must wait at least 45 days (except for DROP participation) before being rehired by any MSRPS participating employer.

Except for DROP participation, being rehired by the same employer may cause the retiree to be subject to the rules of reemployment. There are other rules regarding reemployment that the retiree should be made aware. Encourage retiree to contact MSRA before being rehired if they have any reemployment questions.

- ☐ SECTION D: Enter the employee's annual salary if it will differ from the annual salary reported on the most recent payroll period.

If no salary change will occur for the employee, check NO.

- ☐ SECTION E: Unused Sick Leave

IMPORTANT: An applicant must retire within 30 days of separation from employment in order to have any unused sick leave days credited towards the retirement benefit.

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have on their retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example: 2500 hours ÷ 8 hours = 312.5 days is reported as 312 days.

Retain a copy of the retirement application.

If the applicant is participating in DROP, report the number of unused sick leave days as instructed by the applicant.

CHECKLIST FOR FORM 14-24
(Application for Service or Disability Retirement)

Continued from previous page (4 of 4).

☐ **Sign and date the back of the form.**

Print clearly the name of the authorized agent. The retirement coordinator is usually the "authorized agent".

Be sure that the daytime telephone number of the authorized agent is the person's direct line and not a general number or call center. This is important in case the Agency needs to contact the authorized agent for any last minute adjustments to the form.

Mail the Form 14-24 directly to the Maryland State Retirement Agency at the address shown on the form.

☐ **Keep a copy of the back of the Form 14-24.**

OTHER RETIREMENT FORMS:

Send with Form 14-24

If the applicant is participating in DROP, these forms are completed after DROP ends.

- *Reemployment After Retirement* (Form 128)
- *Electronic Fund Transfer Sign-Up* form (Form 85)
- *Federal and Maryland State Tax Withholding* Form (Form 766)
- *If applicable*, retiree health insurance forms.
Send directly to Health Benefits agency

After the retirement date: Coordinator must recertify unused leave 30 days after retirement

date regardless of whether there are any changes.

Steps to reporting changes:

1. Complete "Recertified Sick Leave" section on previously copied form;
2. Calculate and write in the corrected number of days on the previously copied form;
3. Initial and date the corrected form; and
4. Send the revised, signed form to MSRA within 30 days of the member's retirement date.

Submit sick leave recertification to the attention of:

Sick leave Recertification

Fax (410) 468-1713

Statement of Disability FORM 20

APPLICANT'S SECTION - PAGES 1 - 3

Be sure to read all instructions and points to know before completing form.

Applicant to complete, sign and date all appropriate areas.

Applicant must describe all conditions and symptoms impairing performance of their normal duties.

RELEASE OF MEDICAL RECORDS AUTHORIZATION: Must indicate name of employer and all physicians. Signature must be witnessed. If appropriate to medical condition, submit actual x-rays.

ACCIDENTAL/SPECIAL: Applicant must submit **employer's** first report of injury; information regarding status of their Workers' compensation claim, including copies of all award letters or state that no claim has been filed.

RETIREMENT COORDINATOR'S SECTION - PAGE 4

The retirement coordinator listed in SECTION TWO: Retirement Coordinator / Employer will receive all notifications and notices. Must submit forms listed to MSRA.

A copy of the applicant's job duties must accompany all applications and **must be signed by the supervisor** (or a person at that agency authorized to verify the job description).

Employer Filed: If the member is *unable* to apply, the Employees' System member's department head; the Teachers' System member's state or county superintendent of schools; with the consent of the member's State or county superintendent, their principal or supervisor may sign the Statement of Disability (Form-20), the Preliminary Application for Disability Retirement (Form-129), and the final retirement application (Form-13-23), selecting a retirement date and option on the member's behalf.

TREATING PHYSICIAN'S SECTION - PAGES 5 - 6

Treating physician must complete Physician's Medical Report, paying particular attention to item "VI. Evaluation." The physician must provide a clear statement of whether or not the claimant is permanently disabled from performing his or her job duties.

Physician's report must be completed, signed and submitted regardless of other medical records submitted.

FILING DEADLINES

Members cannot file for disability indefinitely. Claim will be closed if the member does not diligently pursue the claim. Applicants are subject to the following time limits:

- Teachers' Retirement System: five (5) years after paid employment ends.
- Other systems (except Judges' or Legislative): four (4) years after paid employment ends.

Membership ends when contributions and interest are withdrawn, member dies or retires. Withdrawn members are not eligible to file for disability.

Deadline Extension: If a former member of any of the systems listed above and have been off payroll for more than the time allotted for filing for benefits, member will be ineligible for benefits unless member can prove that the former member was mentally or physically incapacitated from filing within the established deadline due to the disability itself. In this situation, former member may be granted a 24-month filing extension. The 24-month filing extension does not apply to the Teachers' Retirement System, which has a 12-month filing extension. Contact the retirement agency for more information.

A claim for accidental disability must be made for an accident that occurred within the last five years. This rule does not apply to the State Police Retirement System, Correctional Officers' Retirement System and LEOPS.

Application by Surviving Beneficiary: Surviving beneficiary may be eligible to apply for a benefit if member dies within seven days of completing the *Preliminary Application for Disability Retirement* (Form 129) and the Maryland State Retirement Agency receives the form and affidavit of signature within 30 days of member's death. Beneficiary should contact the MSRA for filing instructions.

WORKERS' COMPENSATION

IMPORTANT NOTE: Instruct the member to contact the Retirement Agency to discuss impact of Workers' Compensation benefits on an accidental disability retirement.

Disability benefits are "coordinated" with benefits payable from Workers' Compensation. Retirement law may require the Retirement Agency to withhold an amount equivalent to the Workers' Compensation award if the Workers' Compensation benefits and disability benefits are based on the same event and are paid for the same period of time.

Retirees receiving an accidental disability retirement must notify the Retirement Agency in writing if additional Workers' Compensation awards are received.

The Retirement Agency may not offset a retirement allowance for Workers' Compensation benefits that are health insurance premiums, reimbursements for legal fees, medical expenses or other payments made to third parties and not to the retiree.

The offset described above does not apply to Employees' Pension System retirees who receive a disability retirement benefit as a former employee of a county board of education, the Board of School Commissioners of Baltimore City, or a participating governmental unit or a designated beneficiary.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700
sra.maryland.gov

STATEMENT OF DISABILITY

RETIREMENT
USE ONLY

FORM 20 (REV. 11/15)

IMPORTANT: Read the instructions first. Fill in appropriate sections. Print in ink or type.

Age: 52 (Yrs)

Name: Flynn Q Trauma
FIRST INITIAL LAST

123 - 45 - 6789
SOCIAL SECURITY NUMBER

Gender: F

Home Address: 206 Broken Lane
NUMBER AND STREET

State Highway Administration
NAME OF EMPLOYING AGENCY

Injury, Maryland
CITY AND STATE

Transportation Engineering Manager II
JOB TITLE

Home Phone: 410 - 123 - 4567

Work Phone: 410 - 312 - 4567

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby consent to the release of my personnel records from my employer and any records, including medical records, on file with the Workers' Compensation Commission and Social Security Administration. I also consent to allow the Maryland State Retirement Agency to receive information from the Workers' Compensation Commission regarding any past or future awards and from the Social Security Administration regarding my future earnings. A photocopy of this authorization shall be treated as though it is the original.

Sign & Date Flynn Q Trauma
APPLICANT'S SIGNATURE

6/1/2016
DATE

This form contains four sections: 1) Applicant/Member, 2) Retirement Coordinator/Employer, 3) Physician, and 4) Important Points to Know.

Your claim is **not submitted** until you properly complete and submit to the Maryland State Retirement Agency Section 1 of this Form 20: *Statement of Disability* and Form 129: *Preliminary Application for Disability Retirement*. Your claim is **not complete** until all of the sections of this Form 20: *Statement of Disability* are properly completed and submitted to the Agency. **Submission of the required forms to the Maryland State Retirement Agency is your responsibility.** Sections 2 and 3 of the Form 20 must be properly completed and submitted within **45 days** of the date your claim is submitted or your disability claim file will be closed and your disability claim will be terminated.

SECTION ONE: APPLICANT/MEMBER

Disability Application:

By signing my name below, I hereby certify that I am mentally or physically incapacitated for the further performance of the normal duties of my position, and that this incapacity is likely to be permanent. I solemnly affirm under the penalties of perjury that all information and responses that I provide in this Statement of Disability are true to the best of my knowledge, information and belief.

Sign & Date Flynn Q Trauma
APPLICANT'S SIGNATURE

6/1/2016
DATE

All applicants will be evaluated for ordinary disability retirement if the applicant has at least five years of eligibility service.

☐ Ordinary Disability I have at least five years of eligibility service.

If your disability is work-related and satisfies the criteria explained below, please select "Accidental Disability" or "Special Disability (State Police)/Accidental Disability (LEOPS)" below. **IMPORTANT:** If you do not apply for accidental or special disability, you may not later request accidental/special disability or submit a new claim based on an accident that took place before the date that you submit this form. **CHECK BELOW ONLY IF APPLICABLE.**

☒ Accidental Disability I had an accident that occurred in the actual performance of my work duties at a definite time and place without my willful negligence. I am totally and permanently incapacitated for the further performance of duty as the natural and proximate result of the accident.

☐ Special/Accidental Disability STATE POLICE / LEOPS ONLY: I am totally and permanently disabled for duty arising out of and in the course of the actual performance of duty without my willful negligence.

THIS SECTION MUST BE COMPLETED IF YOU ARE APPLYING FOR ACCIDENTAL OR SPECIAL DISABILITY

IMPORTANT: List every accident that you believe is the cause of your disability. If you are a member of the State Police Retirement System or Law Enforcement Officers' Pension System and your claim is not based on a specific accident, describe how your disability arose out of and in the course of the performance of your job duties. Use additional pages if needed. If you do not identify a work-related accident on this form, you may not later request accidental or special disability or submit a new claim based on an accident that took place before the date that you submit this form.

DESCRIBE ACCIDENT: Date: 3/12/16 Time: 2:50 pm Place: Route 100 Hanover

Witness to accident:

Name: Sally Worker Home Phone: 301 - 123- 4567 Work Phone: 301- 456- 4567

Address: 321 Home Street Work Address: 400 High Way
Anywhere, Maryland 21212 Anywhere, MD 21212

Description of Accident (Attach additional pages if needed.): 03/12/2016 I was driving a State car to an inspection site. Sally was with me. Tractor trailer swerved into our lane and hit the driver's (my) side of the State Car. Impact broke my back, leg and shoulder. Hit head. Blind in L eye.

Have you applied for Workers' Compensation Benefits? (☒) Yes (☐) No

If you apply for and receive any related Workers' Compensation benefits, your accidental or special disability retirement benefit may be reduced. Retirement law requires the Board to reduce your disability retirement allowance by an amount equal to the related Workers' Compensation benefits (less certain statutory exemptions). This may result in a suspension or reduction of your disability retirement allowance for a period of time.

Retirees of a participating governmental unit and retirees of the Employees' Pension/Retirement System who receive disability retirement benefits as an employee of a county board of education or Board of School Commissioners of Baltimore City are not subject to this provision. These retirees may be subject to an offset of their Workers' Compensation benefits in accordance with Md. Code Ann., Labor and Employment Art. §9-610.

If you have applied for Workers' Compensation Benefits, attach copies of all forms submitted to Workers' Compensation Commission and all orders or awards issued by Workers' Compensation Commission for each accident.

ALL APPLICANTS MUST RESPOND TO THE FOLLOWING:

1. Describe your disability or medical condition: Broken back, can't walk, can't drive, blind in left eye, seizures
2. Describe how your disability affects your job performance: Can't walk, drive or move. I need lifetime nursing care, limited cognitive functioning. Seizures prevent driving. Doctor says I will never return to work.
3. Last day you actually worked on the job: 3/12/2016
4. Are you receiving Social Security benefits? (☐) Yes (☒) No (☐) In Progress
(If yes, attach a copy of the approval letter.)
5. Your physician's name: Dr. Maria T Fracture
6. Your immediate supervisor or foreman's name: Byron Boss
Phone: 301 456 4567 Address: 400 High Way, Anywhere, MD 21212

I agree to appear before the physician(s) designated by the State Retirement Agency at such time and place as arranged by the agency if an additional opinion is required by the Medical Board.

Sign

Flynn Q Trauma

APPLICANT'S SIGNATURE

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • sra.maryland.gov

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

SOCIAL SECURITY NUMBER

1 2 3 - 4 5 - 6 7 8 9

DATE OF BIRTH

0 2 - 0 2 - 1 9 6 4

Month Day Year

NAME

F l y n n
First

Q T r a u m a
Initial Last

1. In accordance with Maryland's Health General Article §4-303, I authorize the use or disclosure of the above-named individual's health information as described below.
2. The following individuals or organizations are authorized to make the disclosures:
Name of employing agency State Highway Administration
Name of physician(s) completing Physician's Medical Report Dr. Maria T Fracture
3. The health information may be disclosed to and used by the State Retirement and Pension System of Maryland, State Retirement Agency, 120 E. Baltimore Street, Baltimore, Maryland 21202 for the purpose of the application for disability retirement benefits.
4. The type and amount of information to be used or disclosed is as follows:
All Medical Records including but not limited to:
 - a. Workability evaluations
 - b. Examinations done by or at the request of the State Medical Director
 - c. Records submitted to the Workers' Compensation Commission
 - d. Medical documents, reports, etc. contained in any files maintained by the employing agency.
 - e. Treatment notes, test results, x-rays, MRI's or other diagnostic studies, correspondence, and reports from other physicians.
5. I understand that my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavior or mental health services, and/or treatment for alcohol and drug abuse.
6. I understand I may inspect or copy the information to be used or disclosed. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.
7. This authorization shall expire one year after the date of its execution.

If I have questions about disclosure of my health information, I can contact the State Retirement Agency and speak with a retirement benefits specialist.

Sign & Date

Flynn Q Trauma

APPLICANT'S SIGNATURE

6/1/16

DATE

Karen P. Coordinator

WITNESS SIGNATURE

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • sra.maryland.gov

SECTION TWO: RETIREMENT COORDINATOR/EMPLOYER

Dear Retirement Coordinator —

A member of your agency is in the process of submitting an application for disability retirement. The following forms must be received in order to open a claim: *Preliminary Application for Disability Retirement* (Form 129) and *Statement of Disability* (Form 20.) In addition, retirement coordinators must submit:

1. Employer's "Report of Accident," if accidental disability is claimed
2. Employee's job description – signed and dated
3. Performance evaluations – last two years
4. Attendance/leave reports – Summary of the last two years (include key explaining any codes)
5. *Application to be Placed on a Qualifying Approved Leave of Absence* (Form 46), if applicable

The retirement coordinator must submit all the applicable documentation listed above to the Maryland State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202. This documentation needs to be received by the Retirement Agency within 45 days from the member's submission to you. The employer may also be asked to provide additional information relevant to the determination of the disability claim at a later date.

Name of applicant: Flynn Q Trauma Social Security Number: 123 45 6789

Job title of applicant: Transportation Engineering Manager II

Retirement coordinator: Please date and sign below.

Karen P. Coordinator <small>RETIREMENT COORDINATOR NAME (PRINT)</small> <u>Karen P. Coordinator</u> <small>RETIREMENT COORDINATOR SIGNATURE</small>	<u>6/1/16</u> <small>DATE</small>
--	--------------------------------------

Agency's name and mailing address: SHA-HR Department, 400 High Way, Anywhere, MD 21212

Direct phone number: 410.555.1234 E-mail address: kcoordinator@mdway.gov

SECTION THREE: PHYSICIAN**PHYSICIAN'S MEDICAL REPORT****Part One – Completed by Applicant**

(Print or type)

Member Name: Flynn	Q	Trauma	Age: 52 (Yrs)
<small>FIRST</small>	<small>INITIAL</small>	<small>LAST</small>	Gender: F
Home Address: 206 Broken Lane			123 - 45 - 6789
<small>NUMBER AND STREET</small>			<small>SOCIAL SECURITY NUMBER</small>
Injury, Maryland			State Highway Administration
21911			Transportation Engineering Manager II
<small>CITY AND STATE</small>			<small>NAME OF EMPLOYING AGENCY</small>
<small>ZIP CODE</small>			<small>JOB TITLE</small>
Home Phone: 410 - 123 - 4567			

AUTHORIZATION FOR PHYSICIAN'S MEDICAL REPORT(S)

Dear Doctor:

Please complete the Physician's Medical Report and forward it directly to the Medical Board of the State Retirement Agency. In addition, you are authorized to provide further information regarding my condition to the physician(s) designated by the Retirement System.

Sign & Date

Flynn Q Trauma

APPLICANT'S SIGNATURE

6/1/2016

DATE

Part Two – Physician's Information

The patient above has applied for disability retirement with the Maryland State Retirement Agency. Please complete the enclosed Physician's Medical Report and forward it directly to the Medical Board of the Maryland State Retirement Agency (Agency). If this report is not received within 45 days, the applicant's disability claim will be closed.

Once the required documentation has been received, the applicant's claim will be reviewed by a Medical Board. The Medical Board determines the outcome of the applicant's disability claim without the benefit of a personal examination. Therefore, it is critical that you submit adequate documentation to support the claim. The Agency needs sufficient details of any medical problems so that the Medical Board may determine the severity and duration of the medical condition claimed. Listed below are examples of types of reports that may prove beneficial for the Medical Board and, therefore, should be submitted:

- History of visits
- Hospital records (Operative and discharge summaries)
- Physical and diagnostic findings
- Clinical study reports
- Laboratory and special study reports
- Diagnosis and treatment responses
- Physical therapy and response
- Neurological and/or orthopedic consultations
- Updated medical reports from a specialist
- Stress tests, EKG and echocardiogram test results
- Diagnostic studies, including but not limited to x-rays, EEG, myelogram, angiography, CAT scan
- Hypertension cases – six months of blood pressure readings
- Treatment records for the disability claimed, even if they precede the date of the accident

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • sra.maryland.gov

SECTION THREE: PHYSICIAN**Part Two (cont'd) – Physician's Information**

PLEASE DO NOT USE ABBREVIATIONS

- I. HISTORY: (Give subjective complaints, past and present, dates of first and most recent examinations and frequency of visits.) 3/12/2016 auto accident at work
3/12-3/29/2016 Shock Trauma
3/29-4/5/2016 ICU
4/12/2016 Discharged to Maryland Nursing Center
bi-weekly physical therapy - last exam 6/4/16
Bi-monthly examinations- last exam 5/26/16
- Complaints: TBI Paralysis
Blind
Seizures
Spinal trauma

- II. POSITIVE PHYSICAL FINDING: Please show all pertinent findings (with dates)

<u>HEIGHT</u>	<u>WEIGHT</u>	<u>BLOOD PRESSURE</u>
5'8"	135	115/60

- III. POSITIVE LABORATORY FINDINGS
AND SPECIAL STUDIES:

Give results of all pertinent studies including x-rays, EKG's, etc., with dates. (In the case of EKG's, please attach a copy of the tracing or a detailed description thereof).

attached

IV. DIAGNOSIS:

1. Spinal Cord trauma Code 952 Paralysis
2. Tramatic Branin Injury (TBI) 907.0
Seizures Epilepsy
3. Blind L Retina Detach 780.39

V. TREATMENT AND RESPONSE:

Trauma care, Nursing care, surgery, bladder control, meds, physical therapy

- VI. EVALUATION: Please provide your evaluation as to the patient's ability to perform the duties required by his/her employment.

Unable to work
24 hour care needed

VII. PROGNOSIS

Poor- Paralysis complete No sensory motor function
Chronic pain complications

- VIII: Is the applicant permanently and totally disabled from performing the duties of his or her position?

Permanently and totally disabled

REPORTING PHYSICIAN'S NAME AND ADDRESS: (TYPE OR PRINT) Dr. Maria T Fracture 1 Trauma Lane Emergency Maryland 21911	Physician's Signature <i>M T Fracture MD</i>	Specialty Ortho Trauma Surgeon
	Telephone Number 410.911.0911	Date 6/15/2016

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • sra.maryland.gov

SECTION FOUR: IMPORTANT POINTS TO KNOW

Instructions: Please review the following information when filing for disability retirement. For retirement counseling, call 410-625-5555 or 1-800-492-5909.

- ☐ Disability Retirement is a two-step process. First, you must file your initial claim package and supply whatever documentation is needed to establish your disability. Once you have been approved for disability, you must take the second step and file your final retirement application. Remember, you are not actually retired until both steps have been completed.
- ☐ You must complete a *Statement of Disability* (Form 20), a *Preliminary Application for Disability Retirement* (Form 129), an *Application for an Estimate of Disability Retirement Allowances* (Form 21A, Form 22 for State Police, Form 100 for LEOPS), and submit the properly completed forms to the Maryland State Retirement Agency.
- ☐ Your employer must send your job description (with the signature of the appointing authority or designee and the date), your performance evaluation, and your attendance/leave records.
- ☐ The Physician's Medical Report must be completed and submitted by your doctor, including medical records needed to support your claim. You are responsible for the payment of any costs in obtaining medical records.
- ☐ If during the filing process your employer places you on a medical unpaid leave of absence, file an *Application to be Placed on a Qualifying Approved Leave of Absence* (Form 46). Filing this form protects your death benefit while on an unpaid medical leave.
- ☐ Only a member may file a claim for disability retirement. Generally, membership ends at retirement, at your death, upon withdrawal of contributions, or, for members in systems listed below, as follows:
 Teachers' Retirement System Five years after paid employment ends
 All Other Systems (Except Judges' or Legislative) Four years after paid employment ends
- ☐ If your active membership has ended and you have not retired or withdrawn your accumulated contributions, an extended filing period may be available, but you must prove mental or physical incapacitation as the reason for not filing during the membership period as follows:
 Teachers' Retirement System One year after membership ends
 All Other Systems (Except Judges' or Legislative) Two years after membership ends
- ☐ Members applying for accidental disability retirement have a five-year accident limitation. An accidental disability application may not be accepted or considered from a member if filed more than five years after the date of the claimed accident. (No accident filing limit applies to members of the Law Enforcement Officers' Pension System, Correctional Officers' Retirement System and the State Police Retirement System.)
- ☐ An applicant who, at the time of submission of the *Statement of Disability* (Form 20), fails to request accidental disability retirement or fails to identify a work-related accident, may not later request accidental disability retirement or submit a new claim for accidental disability retirement based on a work-related accident that took place before the date the *Statement of Disability* (Form 20) was submitted.
- ☐ A member or former member who applies for service retirement may apply for disability retirement only if the member or former member submits a properly completed *Statement of Disability* (Form 20) and *Preliminary Application for Disability Retirement* (Form 129) before the effective date of retirement.
- ☐ If the Board of Trustees approves your claim for disability retirement, you must accept a disability or service retirement within 120 days of the date of notification. If you fail to properly complete and submit the required forms and retire within 120 days of notification, the State Retirement Agency will close your file, your disability claim will be terminated, and you will not be entitled to disability retirement benefits.
- ☐ IMPORTANT: If you are a state employee, please note that if you are granted a disability retirement and do not retire within 120 days of notification, Maryland regulations provide that you will be considered resigned from your position.
- ☐ These instructions provide a general summary of the disability claim process. The Maryland State Retirement and Pension System is governed by law, including Division II of the State Personnel and Pensions Article of the Annotated Code of Maryland, and Title 22 of the Code of Maryland Regulations ("COMAR"). Disability benefits are payable in accordance with Title 29, Subtitle 1 of the State Personnel and Pensions Article, and COMAR Title 22, Subtitle 6. If there is a conflict between the law and these instructions, the law prevails.
- ☐ Go to sra.maryland.gov to view two videos: Overview of Disability Retirement and Filing for Disability Retirement.

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • sra.maryland.gov

Estimate of Disability Retirement Allowances FORM 21

APPLICANT'S SECTION

- Complete the front page of this form.
- Verify the Social Security number is correct.
- Effective date of retirement can be left blank. The Retirement Agency will determine the earliest effective date upon approval of disability benefit.
- Provide a daytime telephone number.
- If the beneficiary name and age have been left blank, no estimates will be provided for Options 2, 3, 5 and 6.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's spouse or disabled child.
- File Form 21 along with the Statement of Disability (Form 20).

If effective date of retirement is other than the first of a month, monthly retirement benefit will not commence until the first of the month following selected retirement date. Benefits are paid at the end of each month for the month just ended.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

APPLICATION FOR AN ESTIMATE OF
DISABILITY RETIREMENT ALLOWANCES

IMPORTANT: To be completed by member: Print in ink or type. If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

RETIREMENT
USE ONLY

FORM 21A (REV. 3/12)

To be completed by the member*: At actual retirement, if your effective date is other than the first of a month, your monthly retirement benefit will not commence until the first of the month following your selected retirement date. Benefits are paid at the end of each month for the month just ended.

* Application by Surviving Beneficiary: Your surviving beneficiary may be eligible to apply for a benefit if you die within seven days of completing the Preliminary Application for Disability Retirement (Form 129) and the Maryland State Retirement Agency receives the form within 30 days of your death. In this situation, your beneficiary should contact the Maryland State Retirement agency for filing instructions.

TYPE OF DISABILITY: (PLEASE CHECK): () ORDINARY (X) ACCIDENTAL

SOCIAL SECURITY NUMBER

1 2 3 - 4 5 - 6 7 8 9

EFFECTIVE DATE OF RETIREMENT

1 2 - 0 1 - 2 0 1 6

DAYTIME TELEPHONE NUMBER

4 1 0 - 1 2 3 - 4 5 6 7

NAME

F I L Y N N Q T R A U M A

ADDRESS

2 0 6 B r o k e n L a n e

I n j u r y , M a r y l a n d

2 1 9 1 1

RETIREMENT ALLOWANCES: If you name a beneficiary, you will receive an estimate for the Basic Allowance and all option allowances (1-8). If no beneficiary is named, you will receive an estimate for the Basic Allowance and Options 1 and 4 only. Remember, once your first retirement check is paid, you may not change your allowance option.

IF OPTION 2, 3, 5 OR 6 IS REQUESTED INDICATE:

Relationship (check): Spouse ☒ Disabled child ☐ Other ☐ Beneficiary's Date of Birth 0 4 - 0 4 - 1 9 6 2 Beneficiary's Gender M

Beneficiary's Name

B y r o n T r a u m a

If selecting Spouse, please indicate state/jurisdiction where marriage license was issued: Howard Date of marriage: 5/20/1982
If electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your spouse or disabled child.

BASIC: The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.

OPTION 1: Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

OPTION 2: Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

OPTION 3: Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

OPTION 4: Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

OPTION 5: Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

OPTION 6: Provides a lower monthly benefit than the Basic Allowance, but guarantees that, after your death, one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

Do you wish to purchase any previous service for which you are eligible? () YES (X) NO

If yes, obtain a request to purchase previous service from your retirement coordinator and attach a copy with this application.

Flynn Q Trauma

Member's Signature

6/1/2016

Date

State Police –Estimate of Disability Retirement Allowances FORM 22

APPLICANT'S SECTION

- Verify that the Social Security number is correct.
- Effective date of retirement can be left blank.
The Retirement Agency will determine the earliest effective date upon approval of disability benefit.
- If the applicant is not married, the optional allowances are available. A beneficiary name and date of birth must be completed in order to provide estimates for Options 2, 3, 5 and 6.
- If Option 2 or 5 is selected, beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.
- File Form 22 along with the Statement of Disability (Form 20).

STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

STATE POLICE RETIREMENT SYSTEM

APPLICATION FOR AN ESTIMATE OF DISABILITY
RETIREMENT ALLOWANCES

IMPORTANT: TO BE COMPLETED BY MEMBER: PRINT IN INK OR TYPE, IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, TELEPHONE A RETIREMENT COUNSELOR AT 410-625-5555. IF LONG DISTANCE, CALL 1-800-492-5909.

FOR RETIREMENT USE ONLY

FORM 22 (REV. 7/06)

NOTE: AT ACTUAL RETIREMENT, IF YOUR EFFECTIVE DATE IS OTHER THAN THE FIRST OF A MONTH, YOUR MONTHLY RETIREMENT BENEFIT WILL NOT COMMENCE UNTIL THE FIRST OF THE MONTH FOLLOWING YOUR SELECTED RETIREMENT DATE. CHECKS ARE PAID AT THE END OF EACH MONTH FOR THE MONTH JUST ENDED.

TYPE OF DISABILITY: (PLEASE CHECK): () ORDINARY (X) SPECIAL

DATE REQUESTED

SOCIAL SECURITY NUMBER

EFFECTIVE DATE OF RETIREMENT

06 - 01 - 2016 123 - 45 - 6789 12 - 01 - 2016
MO DAY YR MO DAY YR

NAME

F l y n n Q T r a u m a
FIRST INITIAL LAST

ADDRESS

206 B r o k e n L a n e
NUMBER AND STREET

I n j u r y , M a r y l a n d 21911
CITY AND STATE ZIP CODE

DAYTIME TELEPHONE NUMBER

410 - 123 - 4567

RETIREMENT ALLOWANCES: CHECK THE BLOCK TO INDICATE YOUR CHOICE(S).

(X) BASIC

Provides the largest monthly allowance each month until your death. At the retiree's death, 80% of the monthly allowance will be paid to the surviving spouse for life or until such surviving spouse dies. If there is no eligible surviving spouse then 80% of the monthly allowance will be paid in equal shares to the children of the deceased retiree who are under age 18 until each child dies or attains age 18. If the retiree has no spouse or no children under age 18, the allowance ceases at the retiree's death.

THE FOLLOWING OPTIONAL ALLOWANCES ARE ONLY AVAILABLE TO MEMBERS WITHOUT SPOUSES.

() OPTION - 1

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

() OPTION - 2

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

() OPTION - 3

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

IF OPTION 2, 3, 5 OR 6 IS REQUESTED INDICATE:

Relationship (check): Disabled child () Other ()

Beneficiary's
Date of Birth

Beneficiary's
Gender

Beneficiary's
Name

Effective January 1, 2006, if you are electing Option 2 or Option 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child.

() OPTION - 4

Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

() OPTION - 5

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

() OPTION - 6

Provides a lower monthly benefit than the Basic Allowance, but guarantees that, after your death, one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

Do you wish to purchase any previous service for which you are eligible? () YES (X) NO

If yes, obtain a Request to Purchase Previous Service from your retirement coordinator and attach a copy with this application.

Flynn Q Trauma

Member's Signature

6/1/2016

Date

Request to Purchase Previous Service FORM 26

APPLICANT'S SECTION

- Complete all sections in the top half only.
- Use a separate form for each employer or retirement system.
- Exact dates of service must be completed by month/day/year.
- Applicant may not verify his or her own employment.
- Fill in signature and date and indicate a daytime telephone number.
- If enrolled under another last name for employment requested, please provide former name.
- Send Form 26 to the place of employment or appropriate retirement system for verification or certification. Do not send to the retirement agency for verification.

TYPES OF SERVICE REQUESTED FOR PURCHASE

In-State Service Member employment with a participating MSRPS employer including state agencies, participating governmental units and permanent teaching service. In-state service includes delayed enrollment, contractual service and any other State or Participating Governmental Unit service not already in their MSRPS account.

Leave of Absence Credit for a qualifying MSRA approved leave of absence up to a maximum of 2 years.

State Redeposit Contributions plus interest previously withdrawn from the MSRPS

Non-State Service Out-of-State and/or private school teaching, federal government, out-of-state municipal and non-participating municipal service

Municipal Redeposit Re-deposit of funds withdrawn or credit transferred from a non-participating municipal retirement system.

VERIFICATION OF EMPLOYMENT

- To be completed by agency where employed during requested dates of service.
- Complete all columns in the verification of employment section.
- Verify exact dates of employment by month/day/year. List all salary changes.
- When listing employment periods, do not indicate reason for leaving the job. This causes confusion and makes the employment period appear to be a leave period.
- When listing unpaid periods (i.e. leave of absence), **do not** identify these periods as employment. Specify that the period is a leave of absence and indicate the reason or type of leave.

CERTIFICATION OF WITHDRAWN MEMBERSHIP BY THE RETIREMENT SYSTEM CERTIFYING PREVIOUS MEMBERSHIP

- To be completed **only** by a municipal retirement system where previous membership has been withdrawn.
- Complete all columns in the Certification of Withdrawn Membership section.
- Specify dates of any additional service included in the withdrawn membership, military or purchased credit, etc.
- If membership was in a non-contributory plan, write "non-contributory" in "Total Amount Withdrawn" section.

STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

REQUEST TO PURCHASE PREVIOUS SERVICE

IMPORTANT: TURN THIS FORM OVER AND READ THE INSTRUCTIONS FIRST.
MEMBER SHOULD COMPLETE FORM DOWN TO DOTTED LINE.

FOR RETIREMENT USE ONLY

FORM 26 (REV. 11/07)

APPLICANT'S SOCIAL SECURITY NUMBER												FORMER NAME(S)												DATE OF BIRTH																							
1	2	3	-	4	5	-	6	7	8	9		S	a	m	p	i	e		0	5	0	5	1	9	6	0																					
NAME												Month												Day												Year											
H	a	r	p	e	r							Q	G	e	n	e	r	i	c																												
First												Initial												Last																							
HOME ADDRESS																																															
9	8	7		R	e	i	a	x		W	a	y																																			

Number and Street

H	a	p	p	y																																					
City																				M		D		2		1		9		9		-		9		0		0		b	
																				State		Zip Code																			

CHECK TYPE OF SERVICE REQUESTED (see back of form)

☒ In State Service

☐ Leave of Absence

☐ State Redeposit

☐ Non-State Service

☐ Municipal Redeposit

☐ Other _____

FORWARD THIS FORM TO THE AGENCY INDICATED BELOW FOR VERIFICATION

Provide Name and Address of Place of Employment or Retirement
System during the period to be purchased

State Archives, 1 Dust Way, Old, MD 21000

DATES OF SERVICE TO BE PURCHASED

FROM
MO. DAY YR.

7/3/1985

TO
MO. DAY YR.

12/13/1985

Note: Enter proposed retirement date if applicable: 7/1/2017 and amount of service to be purchased: _____ years, 5 months.
Also submit Form -9 (Application for an Estimate of Service Retirement Allowance) if applicable.

Member's Signature Harper Q Generic Date 9/14/2016 Day-time phone# 410.411.1985

MEMBER CANNOT VERIFY HIS/HER OWN EMPLOYMENT

VERIFICATION OF EMPLOYMENT: MUST BE COMPLETED BY EMPLOYER

AGENCY	DATES OF SERVICE						ANNUAL SALARY	IF THIS PERIOD WAS A LEAVE OF ABSENCE, WHAT WAS THE REASON?	TYPE OF EMPLOYMENT				CLASSIFICATION OR POSITION
	FROM			TO					CHECK: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME				
	MO	DAY	YR	MO	DAY	YR			PERM.	TEMP.	OTHER	% OF TIME WORKED	
Archives	07	03	85	12	13	85	18,200				Contract	100%	Admin Officer

☐ I Cannot Verify The Requested Employment

Lucy Personnel Personnel Officer 410.555.1234 9/20/2016
Signature of Verifier Title Telephone No. Date

CERTIFICATION OF WITHDRAWN MEMBERSHIP: MUST BE COMPLETED BY PREVIOUS RETIREMENT SYSTEM

RETIREMENT SYSTEM	DATES OF MEMBERSHIP						TOTAL SERVICE		TOTAL AMOUNT			DATE WITHDRAWN (IF APPLICABLE)
	FROM			TO			YEARS	MONTHS	CONTRIBUTIONS	INTEREST	TOTAL	

☐ I Cannot Provide Requested Information

IS APPLICANT RECEIVING A BENEFIT FROM YOUR SYSTEM FOR THIS PERIOD OF SERVICE? ☐ YES ☐ NO

Signature of Certifier Title Page 1 of 7 Telephone No. Date

INSTRUCTIONS FOR COMPLETING FORM-26

TO THE MEMBER:

Complete all sections of the form down to the dotted line. Use a separate form for each employer or retirement system. To purchase retirement credit for EMPLOYMENT, indicate the agency name and address where you were employed and the period of service worked.

To redeposit or transfer credit from a RETIREMENT SYSTEM, indicate the name and address of the retirement system and dates of your former membership. Sign and date the form; upon completion, submit it to the agency verifying employment.

TO THE AGENCY VERIFYING EMPLOYMENT:

Verify employment and yearly salaries, including employment dates (month/day/year), resignation dates, periods of leave of absence (indicate reason) and dates of salary changes.

Indicate the percentage of part-time employment for each year or partial year of employment.

Indicate position, title and type of employment (for example: permanent, temporary, contractual, etc.)

Verification must be signed and dated.

Upon completion, return to the State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-1600.

TO THE RETIREMENT SYSTEM CERTIFYING MEMBERSHIP:

Certify amount of service credited and refund given to former member of your system.

Withdrawal date and total amount withdrawn must be completed. If retirement plan is non-contributory, indicate under Total Amount Withdrawn.

Important: Indicate if member is currently receiving a benefit from your system for this period of service.

Certification must be signed and dated.

Upon completion, return to the State Retirement Agency, 120 East Baltimore Street, Baltimore, MD 21202-1600.

NOTE: If the previous Retirement System is the State Retirement and Pension System of Maryland, this section is to be left blank.

TYPE OF SERVICE REQUESTED

In State Service--Employment with an agency which participates in the State Retirement and Pension System. This includes: State Employment, Permanent Teaching Service, and employment with a participating municipality.

Leave of Absence--Credit for a qualifying approved leave of absence up to a maximum of 2 years.

State Redeposit--Funds previously withdrawn from the State Retirement System of Maryland.

Non-State Service--Credit for out of state and/or private school teaching, federal government, out of state municipal and non-participating municipal service, (may only be claimed in the twelve month period immediately preceding retirement).

Municipal Redeposit--Redeposit of funds withdrawn or credit transferred from a municipal retirement system.

Other--If none of the above apply, describe the type of service to be purchased.

Note: If service may be claimed only in the year of retirement, enter proposed retirement date and amount of service to be purchased. Also, submit Form -9 (Application For an Estimate of Service Retirement Allowance). The proposed effective date of retirement must be within one year of application.

When complete, send this form to the agency or retirement system you have indicated.

NEED HELP?

IF YOU NEED HELP TO COMPLETE THIS FORM, CALL A RETIREMENT COUNSELOR AT
410-625-5555 (LOCAL) OR TOLL FREE 1-800-492-5909.

Page 2 of 7

Frequently Asked Questions...

when filing the

Request to Purchase Previous Service (Form 26)

Please review the following information when applying to purchasing service credit.
For retirement assistance call: 410-625-5555 or 1-800-492-5909.

Question: What types of service are purchasable?

Answer: Generally, for most plans, a member may purchase service credit for eligible employment such as:

- Maryland state employment (in-state service)
- Political subdivision employment
- Out of state teaching service
- Federal government employment
- Public or non-public teaching service
- Post-secondary school teaching service
- Approved leave of absences
- Retroactive or missed service

Question: Who qualifies to purchase service credit?

Answer: Members currently on paid employment or on a Maryland State Retirement and Pension System (MSRPS) approved leave of absence (Form 46).

Question: How is the cost of the purchase calculated?

Answer: The cost of the purchase depends on the type of service requested for purchase. There are two methods to determine cost.

Normal Cost

This type of cost is determined by calculating the contributions the member would have paid for the period in question, plus the statutory rate of interest.

Examples of Normal Cost purchases are:

- Retroactive or missed service
- MSRPS approved leave of absence
- Redeposit of previously withdrawn service credit

A normal cost purchase can be made at any time during your membership.

Full Cost

This type of cost is determined by computing the additional reserves needed to fund the retirement benefit created by the additional service credit to be purchased. Some of the factors that are part of this calculation are the member's age and average final compensation at the time of retirement. The information required to calculate the reserves needed to fund your retirement is only available as you approach retirement. Therefore, an application for a full cost

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purchase may only be made in the 12 months prior to retirement. The final cost is adjusted at the time of actual retirement.

Examples of Full Cost purchases are:

- Out of state teaching service
- Federal employment
- Out of state municipal employment
- Contractual service as a state employee

Question: Why is the average final compensation at the time of retirement used and not the salary in effect from the employer where the time is being purchased?

Answer: In order to compute the cost of a full cost purchase, we have to calculate the additional reserves that will be needed to fund the retirement benefit created by the additional purchased credit. Because your Average Final Compensation (AFC) is used to calculate your retirement benefit, it must also be utilized to calculate the cost of the purchase. A calculation is completed using the AFC to show the difference between the reserves needed to pay the retirement benefit with and without the purchase of service. The difference is the calculated cost of the purchase.

Question: Why is the purchase price for a Full Cost purchase prohibitively expensive?

Answer: A member is paying the additional reserves needed to fund the retirement benefits for the life of the member.

Question: How much service can a member purchase?

Answer: When purchasing service that is considered full cost within the 12 months prior to retirement, members may purchase a minimum of one month up to a maximum of 10 years of service credit. Some restrictions apply, so please see your benefits handbook.

An MSRPS approved leave of absence must be purchased in its entirety with a maximum service amount of two consecutive years. All other normal cost purchases must be purchased in their entirety as well, but there is no limitation on the amount of time purchasable. Anytime during membership, a member may purchase service that is considered normal cost.

Question: Is a purchase of service voluntary or mandatory?

Answer: A purchase of service is always voluntary.

Question: What are the steps necessary to request a purchase of service?

Answer: A member must complete a Form 26 – *Request to Purchase Previous Service* for each location from which they wish to purchase service. Complete the form by filling in all the information down to the dotted line, including type of service, previous agency information, dates of service, retirement date and the amount of service you wish to purchase. Mail the completed Form 26 to your previous employer for verification; once the form has been verified it is then forwarded to MSRPS. The Agency will then bill you for your purchase request. For additional information on how to complete the Form 26, please see the instructions page attached to the form.

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- Question: Why does MSRPS need verification of previous service and what should I do if my former employer cannot provide it?
- Answer: Verification of previous employment is important in order to correctly bill the member for the purchase of service. In order to correctly assess the purchase cost, we must know the specific dates a member worked, salary history, and the type of employment. If there is an issue with verification from your former employer, please contact a retirement benefits specialist who may be of assistance.
- Question: When should a member make a request to purchase full cost service?
- Answer: A member should start the process to purchase full cost service 12 months prior to retirement. This provides a reasonable amount of time for the verification of service, the calculation of the purchase cost, and for your payment to be received at our agency.
- Question: Why can I only request a bill for a full cost purchase within 12 months preceding my retirement?
- Answer: The information required to calculate the reserves needed to fund your retirement is only available as you approach retirement. Some of the factors involved in the calculation are age, average final compensation, and the actual date of retirement.
- Question: What payment methods are available for purchases of service credit?
- Answer: Payment may be made by:
- Personal check
 - Cashier's check
 - Certified check
 - Money order
- In addition, federal law allows a member to roll funds from another tax deferred or eligible employer plan for a purchase of service credit. Under Federal law, MSRPS can accept transfers from a:
- Traditional IRA
 - Eligible employer plan under §401(a) of the Internal Revenue Code including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan and money purchase plan
 - Section 403(a) annuity plan
 - Section 403(b) tax sheltered annuity
 - Section 457(b) government plan
- Question: What happens if I do not pay the purchase of service invoice prior to the due date?
- Answer: Although multiple payment sources may be used to make the purchase, the cost must be paid in full before the service is credited to your account. Failure to pay by the due date voids the transaction. A new Form 26 would need to be completed with an updated retirement date; upon receipt, a new cost to purchase the service would be calculated.
- Question: Who qualifies for a 50% reduction in cost?
- Answer: Members of the Employees' Pension System may purchase service credit for periods of state employment not in their account at a cost equal to 50% of the full cost. Members of the

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Teachers' Pension System can also purchase service credit for periods of employment as a member of the Teachers' Retirement System or the Teachers' Pension System which are not in their account at a 50% reduction in the full cost.

The reduction in cost is applied if:

- You are not employed by a participating or withdrawn local governmental unit (refer to the agency's Comprehensive Annual Financial Report on our website for a list of withdrawn units) and
- You are not otherwise entitled to service credit in a state system for the same period of employment.

If you are eligible for this cost reduction, it is already applied to the bill sent to you.

Question: How do I know if I should purchase service credit?

Answer: Making a service purchase increases the amount of your retirement benefit. In some cases, a purchase will also make you eligible to retire sooner.

While completing your Form 26, if you are eligible to retire within 12 months, please fill out an *Application for an Estimate of Service Retirement Allowance* (Form 9 for most members). Please check the box at the bottom of the form indicating that you are interested in purchasing service. After you receive the bill regarding your purchase of service request, estimates will be mailed to you that reflect your monthly pension benefit with the purchase of service calculated into the benefit and without the purchase. Compare the monthly benefits and determine if the purchase is in your best interest.

Question: How does the purchase of service affect the Basic Allowance option for retirement if I die shortly after retirement?

Answer: Because the Basic Allowance option pays you the largest possible benefit each month until your death, the purchase of service increases your monthly benefit amount when compared to the amount you would receive without the service purchase. However, if you elect the Basic Allowance, all monthly payments stop at your death (including eligible beneficiary health insurance coverage for state employees, if applicable). After your death, your beneficiary or estate receives one additional monthly payment only if your death occurs on the 16th of the month or later.

Question: What is a redeposit?

Answer: If you are currently in the Employees' or Teachers' Pension System (restrictions apply) and had previously terminated your plan membership by withdrawing your accumulated contributions, you may be eligible to redeposit funds to purchase this prior service. The redeposit can be made any time before retirement by paying the member contributions you would have made for the period of employment being purchased, plus the statutory interest.

To make a redeposit and reinstate your prior service credit, you need to complete Form 26 and send it to the Retirement Agency for processing. The agency will send you a bill for the actual amount you owe.

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Question: What if I have any further questions or need any help with completing the forms?
Answer: Please contact the State Retirement Agency at 410-625-5555 or toll-free at 1-800-492-5909 and speak with a retirement benefits specialist for any further assistance. Copies of the Form 26 and our other forms can be obtained from your Retirement Coordinator, your human resources department, on our website at sra.maryland.gov or by calling our office at the telephone numbers shown here.

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Certification of Annual Salary FORM 28

AGENCY SECTION

- Submit Form 28 to the retirement agency upon the death of an active member.
- Complete all sections.
- Be sure date of death is accurate.
- Enter the number of unused sick leave days deceased had at time of death.

RETIREMENT COORDINATOR'S SECTION

- Complete payroll information by listing:
 - Last reported payroll to Maryland State Retirement Agency
 - Any interim payrolls to be submitted
 - Final employee payroll information
- Sign and date form.
- List Agency name and telephone number.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

REQUEST FOR CERTIFICATION OF ANNUAL SALARY

RETIREMENT
USE ONLY

FORM 28 (REV. 4/14)

We regret to learn of the death of the following employee who was a member of the Maryland State Retirement and Pension System. You are requested to certify to the State Retirement Agency the annual salary being paid at the date of death to the following deceased member/employee. The accuracy of the annual salary is most important since it determines the amount of death benefit proceeds payable to the beneficiary(ies) of the deceased member/employee. The annual salary should agree with the employer's current salary scales or with a current contract negotiated by the employer. Please explain any variance between the certified annual salary and the current scales or contract.
IMPORTANT: Print in ink or type.

(RETIREMENT COORDINATOR PLEASE COMPLETE ALL APPROPRIATE ITEMS)

Name: Steve H Dust Social Security No: 321 - 45 - 1234
First Middle Last
Address: 43 Gone Drive Date of Death: 09 - 13 - 2016
Number and Street Month Day Year
Past, Maryland 21123 Member's Telephone No.: 410 111 2222
City & State ZIP Code

Employing Agency: Dept of Health and Mental Hygiene Annual Salary \$ 56,550 /Grade 15 /Step 12
Title of Position: Administrative Officer Sick Leave - Days Unused 226
(If none enter word "NONE")
Explanation: _____ As of 07 - 01 - 2016
Month Day Year
This member was killed in the performance of his or her duties: ☒ Yes ☐ No

CERTIFICATION:

I hereby certify that the above annual salary is the salary being paid the deceased member/employee at the date of death and that the above total days of unused sick leave matches the amount on file at the member/employee date of death.

Karen P Coordinator Retirement Coordinator 410.555.1212
Printed Name Title (Area Code) Telephone Number
Karen P Coordinator 9/15/2016
Signature Date

PAYROLL INFORMATION:

Last Reported Payroll Period: Bi-week Ending 09/06/2016
Wk., Mo., Qtr., Mo. Day Yr.
Bi-wk., Semi-mo.
Contribution \$ 152.25, Standard Hours 80, Actual Hours Paid 40, Pay Period Ending 09 20 16
Mo. Day Yr.
Contribution \$ _____, Standard Hours _____, Actual Hours Paid _____, Pay Period Ending _____
Mo. Day Yr.
Employee's Final Contribution of \$ 152.25, Standard Hours of 80 and Actual Hours Paid of 40 will be
Reported on Payroll Period Ending 09 20 16
Mo. Day Yr.

Joe Money DHMH 410.555.9876
Printed Name Agency Name (Area Code) Telephone Number
Joe Money 9/16/2016
Signature Date

Election to Transfer Service FORM 37

Transfers to and from the Correctional Officers' System or the State Police System require continuous service

APPLICANT'S SECTION

- Verify that the Social Security number is correct.
- Applicant must complete name, address and day-time telephone number.
- Indicate former system and new system to which applicant is transferring.
- Date and signature of applicant must be completed.

RETIREMENT COORDINATOR'S SECTION

- Accurately answer employer information accurately.
- Answer questions A through G accurately.
- If member is transferring credit to the Teachers' system, give a brief job description of position. If job classification is not specifically listed in COMAR 22.04.03, attach a complete job description.
- Indicate system, location code, pay code and telephone number.
- Complete signature and date.
- If member is transferring from the Correctional Officer or the State Police system to any other system, call the retirement agency for instructions.
- When the transfer described above takes place, it is possible that the member may not receive a refund of the contributions.

Advise members to contact MSRA to discuss transfer rules, options and plan differences such as benefit allowance, retirement eligibility, contribution rate, vesting and any other transfer factors.

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120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

ELECTION TO TRANSFER SERVICE

FORM 37 (REV. 8/14)

MEMBER'S SOCIAL SECURITY NUMBER

2 3 1 - 5 4 - 9 8 7 6

HOME TELEPHONE NUMBER

4 1 0 - 2 2 2 - 1 1 1 1

MEMBER'S NAME

Q u i n n P D o e
First Initial Last

HOME ADDRESS

4 O f f i c e r S t
Number and Street

L a w M D 2 1 0 0 0 - 0 0 0 0
City State ZIP Code

To the Board of Trustees: I do hereby elect to transfer my creditable service, and/or accumulated contributions, if

required, from the Correctional Officers Retirement Pension System to the LEOPS
(former) (new)

Retirement/Pension System within the Maryland State Retirement and Pension System. I understand that this is an irrevocable election and that once made cannot be reversed.

Signature: Quinn P Doe Date: 7/15/2016

► ► ► Upon completion, forward to your retirement coordinator. ◀ ◀ ◀

Retirement Coordinator completes this section:

Former Employer: Dept Public Safety Correctional Services Former Job Title: Correctional Officer

New Employer: Department of Natural Resources New Job Title: Police Officer

A. When did this person begin employment with your agency? 7/6/2012

B. Is this person a PERMANENT full-time employee? ☒ If part-time what are scheduled
part-time employee? ☐ hours per pay periods?

C. If a permanent part-time employee, does this person:
1) Receive an annualized salary? ☐ Yes ☐ No
2) Receive pro-rata fringe benefits? ☐ Yes ☐ No
3) Maintain a fixed work schedule? ☐ Yes ☐ No

D. What are this person's annual standard hours? 2080

E. What is this person's annual salary? 26

F. How many pay periods will be reported per year? 50,506

G. Please provide a brief job description for this position.
Enforce State and federal laws and departmental rules and regulations as
they apply to conservation, boating, DNR managed lands, criminal, civil and
traffic violations.

9 3 0 0 1 0 1 0 0
System Agency Code

2 6
Pay Periods
Reported Per Year

Signature/Retirement Coordinator: Karen P Coordinator Date: 7/15/2016

Agency Telephone Number: 4 1 0 - 5 5 5 - 1 2 3 4

Election to Combine Prior Employees or Teachers Pension Service FORM 37.37

Election to combine prior vested Employees or Teachers Pension System service credit and/or accumulated contributions with current Employees or Teachers Pension System service credit subject to a different benefit rate and/or eligibility.

APPLICANT'S SECTION

- Verify that the Social Security number is correct.
- Applicant must complete name, address and day-time telephone number.
- Date and signature of applicant must be completed.
- The member will be notified in writing if the transfer results in a contributions deficiency

RETIREMENT COORDINATOR'S SECTION

- Accurately answer employer information accurately.
- Answer questions A through D accurately.
- Indicate system, location code, pay code and telephone number.
- Complete signature and date.

Advise members to contact MSRA to discuss transfer rules, options and plan differences such as benefit allowance, retirement eligibility, contribution rate, vesting and any other transfer factors.

This is an irrevocable election. Once made it cannot be reversed.

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120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

ELECTION TO COMBINE SERVICE WITHIN THE
EMPLOYEES' OR TEACHERS' PENSION SYSTEM (§23-303.1)

FORM 37.37 (REV. 5/16)

This form applies to a member of the Employees' Pension System ("EPS") or Teachers' Pension System ("TPS") who has prior service in the EPS or TPS that is subject to a different rate of benefit accrual, and is eligible to combine the service with the member's current account in accordance with Section 23-303.1 of the State Personnel and Pensions Article, Annotated Code of Maryland.

MEMBER'S SOCIAL SECURITY NUMBER

0 0 1 - 0 2 - 0 0 0 3

HOME TELEPHONE NUMBER

4 1 0 - 1 2 3 - 4 5 6 7

MEMBER'S NAME

A n n e E x a m p l e

First

Initial

Last

HOME ADDRESS

1 0 0 E m p l o y e r A v e A p t 1 0

Number and Street

A n y t o w n M D 2 1 0 0 0 -

City

State

ZIP Code

To the Board of Trustees: I do hereby elect to combine my prior vested eligibility service, and/or accumulated contributions, if required, in the Employees' or Teachers' Pension System with my current eligibility service in the Employees' or Teachers' Pension System. I understand that this is a two-step process. Upon my election to combine my eligibility service, a review of my account will be completed. If the transfer results in a contribution deficiency, I will be notified in writing. I understand that I will have to accept the contribution deficiency in writing and pay the contribution deficiency before the transfer of service will be processed. I understand that this is an irrevocable election and that once made cannot be reversed.

Signature: Anne E Example Date: 12/15/2016

► ► ► Upon completion, forward to your retirement coordinator. ◀ ◀ ◀

Retirement Coordinator completes this section:

Current Employer: Maryland County Public School Job Title: Teacher

A. When did this person begin employment with your agency? 7/1/2016

B. Is this person a PERMANENT full-time employee? ☒ If part-time what are scheduled
part-time employee? ☐ hours per pay periods? _____

C. What is this person's annual salary? \$48,000

D. How many pay periods will be reported per year? 20

6
System

6 3 0 1 0 0 0 0
Agency Code

2 0
Pay Periods
Reported Per Year

Signature/Retirement Coordinator: Karen R Coordinator Date: 12/20/2016

Ret. Coordinator Telephone Number: 4 1 0 - 5 5 5 - 5 5 5 5

Forms Requisition FORM 41

- In the "Request" column, be sure to include the number of forms needed.
- Print coordinator's name in the "Deliver to" section. Make sure to complete agency name and address. The retirement agency will mail the forms to the agency, not the individual.
- Forms may also be printed from the agency website sra.maryland.gov

FORMS REQUISITION						FORM #041 (Rev. 10/15)
FORM #	REVISION DATE	REQUESTED QUANTITY	ISSUED	FORM DESCRIPTION	DATE OF REQUEST	7/1/2016
001	04/15	200		Application for Membership *		
004	09/15	200		Designation of Beneficiary *		
005	04/14			Application for Withdrawal of Accumulated Contributions (packet of material) *		
009	03/14	400		Application for an Estimate of Service Retirement Allowance		
010	03/14			Application for an Estimate of Service Retirement Allowance - State Police		
013-023	10/15	150		Application for Service or Disability Retirement		
014-024	10/15			Application for Service or Disability Retirement - State Police		
020	11/15			Statement of Disability *		
021A	03/12			Application for an Estimate of Disability Retirement Allowances		
022	07/08			Application for an Estimate of Disability Retirement Allowances - State Police		
026	11/07			Request to Purchase Previous Service		
028	04/14			Request of Certification of Annual Salary		
037	08/14	75		Election to Transfer Service		
041	10/15			Forms Requisition Form		
043	10/12			Claim of Retirement Credit for Military Service *		
046	04/14			Application to be placed on a Qualifying Approved Leave of Absence *		
060	09/15			Election not to participate in TPS "Join Alternative Retire Plan" *		
085	09/14			Direct Deposit - Electronic Fund Transfer *		
097	03/14			Application for an Estimate of Service Retirement Allowances (LEOPS)		
098-101	10/15			Application for Service or Disability Retirement (LEOPS)		
100	10/05			Application for an Estimate of Disability Retirement Allowances (LEOPS)		
127	12/14			Re-employment & Retirement (for Teachers' and Employees', and Correctional Officers' System) *		
128	12/14			Re-employment and Retirement (for State Police Retirement System) *		
129	02/13			Preliminary Application for Disability Retirement *		
131	12/14			Re-employment after Retirement (for Law Enforcement Officers' Pension System) *		
143	04/14			Verification of Retiree's Disabled Child for Selection of Option 2/5 Beneficiary		
504	07/11			Application for DROP (LEOPS)		
505	03/13			Application for DROP Withdrawal (LEOPS)		
756	07/11			Application for DROP (State Police)		
757	03/13			Application for DROP Withdrawal (State Police)		
766	01/15			Federal and Maryland Tax Withholding Form		
	04/14			Pamphlet "Welcome to the Employees' & Teachers' Pension System"		
	04/14			Pamphlet "Welcome to the Law Enforcement Officers' Pension System"		
	04/14			Pamphlet "Welcome to the Correctional Officers' Retirement System"		
	07/08			Pamphlet "Guide to Choosing an Allowance Option" (MSP and LEOPS)		
	10/11			Pamphlet "Choosing an ... Option" (Employees, Teachers and CORS)		
	10/12			Pamphlet "Guide to Military Service"		
	09/13			Pamphlet "Guide to Disability Retirement"		
	01/07			Pamphlet "Retirement Checklist"		

* THE MARYLAND STATE RETIREMENT AGENCY NO LONGER PRINTS FORMS USING NCR PAPER (CARBONLESS COPY PAPER.)
ORDER A QUANTITY OF FORMS NEEDED FOR THE NEXT SIX MONTHS:
 ADDRESS YOUR ORDER TO: STATE RETIREMENT AGENCY
 120 EAST BALTIMORE STREET
 BALTIMORE, MARYLAND 21202-6700
 ATTENTION: OFFICE SERVICES DIVISION
 FAX# 410-468-1700

PLEASE DON'T OVER ORDER
 Karen Coordinator

Many of these forms can be printed
 from the State Retirement Agency's
 Internet Web site:
sra.maryland.gov

DELIVER TO: (Please Print) Maryland County Public Schools Agency Name 12 Pencil Way Address Education City	ORDERED BY: Karen Coordinator Name 410. 724.6650 Phone Number Maryland 21311 State Zip Code
--	---

LOCATION CODE: 6 0 0 1 0 0 (MUST HAVE TO FILL ORDERS)

Claim of Retirement Credit for Military Service FORM 43

- If active duty was **prior** to membership in the State Retirement and Pension System of Maryland, member must have at least ten years of creditable service to be eligible for military credit.
- If active duty interrupts the membership in the State Retirement and Pension System, there is no creditable service requirement. The claimant must return to active membership in a State system within one year of release from active military duty. Also, the claimant must not accept any other permanent employment between the release from active duty and the return to the job.
- Inactive duty in the National Guard and service while a member of the reserve component of the armed forces of the United States is determined by a point system based on the number of days in a year the member is actively participating in the National Guard or other reserve forces. This type of military service can be claimed once the member has at least ten years of creditable service.

APPLICANT'S SECTION

- Applicant must complete top half.
- Complete dates of entry and discharge from the military must be included.
- A legible copy of the DD-214 or its equivalent must be attached.
- For multiple periods of active duty, attach a DD-214 or its equivalent for each period.

Important Points To Know...

when filing the

Claim of Retirement Credit for Military Service (Form 43)

Please review the following information in regard to requesting retirement credit for military service. If you need assistance, please call 410-625-5555 or 1-800-492-5909.

- ☐ Retirement credit for military service must be claimed prior to retirement. Retirees are not eligible to make a claim for retirement credit for their military service.
- ☐ Completion of a *Claim of Retirement Credit for Military Service (Form 43)* does not automatically grant you additional retirement service.
- ☐ Allow 30-45 days for the Maryland State Retirement Agency to review and process your claim. You will be notified in writing regarding the outcome of your claim.
- ☐ Once retirement credit for military service has been added to your membership record, it cannot be removed.
- ☐ You may not receive retirement credit for military service if you will receive credit for the same military service under any other pension system. This restriction includes military pensions, but does not apply to benefits paid under Social Security, the National Railroad Retirement Act, or to any National Guard, Reserve or disability pension.*
- ☐ Military service that may qualify for retirement service credit:
 - ☐ Inactive duty in the National Guard or in a reserve component of the Armed Forces of the United States
 - ☐ Active duty/active duty training in any reserve unit or guard unit which occurred prior to your date of enrollment
 - ☐ Active duty in the Armed Forces of the United States
- ☐ A maximum of five years of retirement credit can be granted for military service that preceded membership.
- ☐ In order to claim retirement credit for military service that preceded membership, you must have 10 years of creditable service earned through employment as a member of the state system.

* Disability payments from the Department of Veterans Affairs are not included, as they are not from a pension or retirement system.

Continued on following page.

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Important Points to Know when filing the *Claim of Retirement Credit for Military Service* (Form 43)

Continued from previous page.

- ☐ A maximum of five years of military credit can be granted for military service that interrupted membership.**
- ☐ To claim retirement credit for military service that interrupted your membership you must return to work within one year of your discharge from active duty or training and not accept any other permanent employment between your date of discharge and your return to work date.
- ☐ When applying for military service credit that interrupted membership, please provide a document from your employer confirming the date that you returned to employment.
- ☐ Along with the *Claim of Retirement Credit for Military Service* (Form 43), please include the appropriate documentation to support your military service:
 - ☐ DD-214
 - ☐ Documentation of your retirement points history
 - ☐ Certified orders
 - ☐ NGB-23 or similar form
- ☐ If you cannot locate your military documentation please visit www.archives.gov/veterans. For Maryland National Guard members, please call 410-576-6000. For all other National Guard members, please contact the Military Personnel office of the Guard headquarters in the state in which you were last a Guard member.
- ☐ For additional information on Military Service Credit, please see your benefits handbook located at: <http://sra.maryland.gov/Participants/Members/Downloads/BenefitHandbooks.aspx> or the Guide to Military Service Pamphlet at: <http://sra.maryland.gov/Participants/Members/Downloads/GuideToMilitaryService.pdf>.

** There is an exception for members that meet the Uniformed Services Employment and Reemployment Rights Act (USERRA) guidelines.

Qualified Leave of Absence or Military Notification FORM 46

APPLICANT'S SECTION

- Applicant completes top half.
- Only one type of leave should be indicated.
- Leave may be requested up to a maximum of two years.
- Exact dates of the leave by month/day/year must be completed.
- An explanation of the leave for service that is government sponsored and/or subsidized must be attached.
- The leave form should be filed on or before the first day of the leave. MSRA Executive Director has limited authority to waive filing period requirements.
- If member is unable, employer may complete Form 46 on their behalf.
- If member is called to military duty, complete section, "Notification of Entry on Active Duty Military Service."

RETIREMENT COORDINATOR'S SECTION

- Check appropriate retirement plan.
- List date leave was approved, agency name and agency code.
- Sign, date and include telephone number.
- Forward the original copy to the retirement agency.
- Advise members to submit a *Request to Purchase Previous Service* (Form 26) upon returning to work from an approved leave of absence.
- Advise member they or their beneficiary may be eligible during their absence for a disability or death benefit (§38-102). Advise member returning from military duty to submit Form-43 *Claim of Retirement Credit for Military Service* upon their return.

See APPROVED LEAVE OF ABSENCE or MILITARY NOTIFICATION for further information.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

**QUALIFIED LEAVE OF ABSENCE REQUEST OR
NOTIFICATION OF MILITARY SERVICE ENTRY**

FOR RETIREMENT USE ONLY

FORM 46 (REV. 4/14)

IMPORTANT: You must file this form before going on a qualifying leave of absence or on active duty in order to preserve any right you may have to obtain credit for the period of your leave.

Retain a copy for your records and return the original to your retirement coordinator.

Need help to complete this form? Call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

MEMBER'S SOCIAL SECURITY NUMBER

4 4 4 - 4 6 - 6 6 6 6

HOME TELEPHONE NUMBER

3 0 1 - 4 4 4 - 6 6 6 6

MEMBER'S NAME

M a r i a

M M a d r e

HOME ADDRESS

2 0 0 M a t e r n a l W a y

Number and Street

P a r e n t M D 2 1 0 0 1 - 0 0 0 2

City

State

ZIP Code

TYPE OF QUALIFYING LEAVE: (Check One)

TERM OF LEAVE (MAXIMUM 2 YRS.)

☐ Personal Illness

FROM 0 9 - 0 1 - 2 0 1 6

☒ Birth or legal adoption of a child

Month

Day

Year

☐ Government sponsored and/or subsidized employment

☐ Study

TO 0 9 - 0 1 - 2 0 1 8

Month

Day

Year

Please attach explanation and documentation of leave.

- 1) I understand that I may be able to obtain credit for my employer approved leave of absence if my leave is for any of the reasons listed above, does not last longer than two years, and I am later determined to be eligible for credit.
- 2) In return for any membership service credit for which I may become eligible, I agree to pay any retirement contributions within the required timeframe of my system which would have been due had I remained in active employment for the term of the leave of absence.
- 3) I understand that my leave of absence ends upon a separation from employment. If I separate from employment, I may purchase eligible service credit for a qualified leave of absence within 90 days after the expiration of the leave of absence.

Maria Madre
Member's Signature

8/20/2016
Date Signed

RETIREMENT COORDINATOR COMPLETES THIS SECTION

INDICATE SYSTEM:

(X) TEACHERS' RETIREMENT PLAN () TEACHERS' PENSION PLAN
() EMPLOYEES' RETIREMENT PLAN () EMPLOYEES' PENSION PLAN
() STATE POLICE () CORRECTIONAL OFFICERS () LAW ENFORCEMENT OFFICERS

I hereby certify that the employee was placed on employer leave of absence for the term and reason

justified above. Leave was approved on: 9/1/2016

Familia Elementary School

Agency Name

Karen P. Coordinator
Signature

6 0 0 1 0 0 0 0

EMPLOYING AGENCY CODE

8/21/2016

Date/Telephone

FOR RETIREMENT USE ONLY

3 1 4 A L
Code Status

REVIEWED BY:

Initials & Date

NOTIFICATION OF MILITARY SERVICE ENTRY:

I will report for military service on:

Month Day Year

If I return to my job within one (1) year of release from active duty without accepting other permanent work, I will be reinstated in the retirement or pension system and, upon application and verification of my military service, receive membership credit for the term of my active duty military service.

Member's Signature

Date Signed

sra.maryland.gov

Instructions for Completing Form 46

TO THE MEMBER:

To apply to be placed on a qualifying approved leave of absence, complete the identification boxes at the top of the form, including social security number, phone number, name and address.

Check the type of qualifying leave you are requesting and complete the boxes for the beginning and ending dates. It is important to sign and date at the bottom of the Type of Qualifying Leave section.

Attach explanation and all supporting documentation.

If you are notifying the Maryland State Retirement Agency of military service entry, please enter the date you report for service. It is important to sign and date the form at the bottom of the Notification of Military Service Entry section. The Retirement Coordinator section does not need to be completed when reporting a military service entry date.

TO THE RETIREMENT COORDINATOR:

Check the appropriate system for the applicant for a qualifying approved leave of absence. Enter the date the leave was approved. Enter the employing agency code, input the Agency Name, then sign and date the form. A phone number is requested should questions arise.

When Form 46 is used for notification of military service entry, you do not need to complete the Retirement Coordinator section.

Service Credit for a Qualifying Leave of Absence

A member may be entitled to receive eligibility and creditable service for certain periods of employer approved leave of absence from employment, if the leave of absence meets the criteria for a "qualifying leave of absence" pursuant to the Board of Trustees' regulations, set forth at Code of Maryland Regulations 22.05.01.

To receive service credit for a qualifying leave of absence, a member:

- Must properly complete and submit this application to the Retirement Agency (signed by both the member and the member's employer) before the member commences a qualifying leave of absence;
- Must supply supporting explanation and documentation of leave, and promptly provide additional information at the request of the Retirement Agency;
- Must not be otherwise entitled to receive eligibility and creditable service credit during the period of the member's absence under State Personnel and Pensions Article, Division II or III, Annotated Code of Maryland; and
- Must pay the required member contributions with regular interest before retirement, as provided in this regulation.

If a member separates from employment, any eligible service credit for a qualified leave of absence must be purchased within 60 days of the expiration of the leave of absence.

Notification of Military Service Entry

If you are called to active military duty or active/inactive duty for training during your membership, you should file Form 46 before leaving employment. The filing of this form serves only to give the Maryland State Retirement Agency notice of your absence.

You may claim up to five years of military credit upon returning to work, provided:

- you return to work with a participating employer within one year of your discharge from active duty or training; and,
- you do not accept other permanent employment between your date of discharge and your return to work

For additional information, refer to the following form/pamphlet. Print forms online at sra.maryland.gov.

SRA Form 43 – Claim of Retirement Credit for Military Service

SRA Pamphlet – Guide to Military Service

Mail completed form to:

Maryland State Retirement Agency • 120 East Baltimore Street • Baltimore, MD 21202-6700

Need help? Call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

Election Not to Participate in the MSRPS FORM 60

THIS FORM IS COMPLETED BY ELIGIBLE EMPLOYEES ELECTING
TO PARTICIPATE IN THE OPTIONAL RETIREMENT PLAN (ORP)

Eligible institutions of higher learning include: University System of Maryland, Morgan State University, St. Mary's College of Maryland, Community Colleges, and the Maryland Higher Education Commission.

APPLICANT'S SECTION

- Applicant completes personal data at the top of form.
- Applicant completes election not to participate in boxed area, filling in date and signature.
- Form 60 must be accompanied by the plan contract.
- If employed with a community college, applicant must also submit the "Certification of Professional Position for Optional Retirement Program" with Form 60 and the plan contract.

RETIREMENT COORDINATOR'S SECTION

- Indicate system, location code and number of pay periods reported per year.
- Sign and date form.
- List agency and telephone number.

Membership in MSRPS is mandatory until and unless the eligible employee selects the Optional Retirement Plan (ORP) within the first year of becoming eligible (Title 30).

Once an eligible employee selects ORP, they cannot change their election to enroll in MSRPS.

The option to participate in an alternate retirement plan is final, binding and irrevocable as long as the individual is an employee of an institution of higher learning which permits such an option.

If contributions were made to the MSRPS before ORP enrollment, they are immediately vested and cannot be withdrawn until ORP member is no longer employed by a participating employer or retires.

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700**

**ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' SYSTEM BY
FACULTY OR ADMINISTRATIVE OFFICERS OF INSTITUTIONS OF HIGHER LEARNING**

FORM 60 (REV. 9/15)

If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or toll-free 1-800-492-5909.

APPLICANT COMPLETES THIS SECTION: (Print in ink or type.)

SOCIAL SECURITY NUMBER		GENDER	DATE OF BIRTH		HOME PHONE NUMBER																										
9	9	9	-	9	9	-	9	9	9	9	M	0	9	0	9	1	9	9	0	4	1	0	-	9	9	9	-	9	9	9	9
		M or F	Mo.		Day		Yr.																								
NAME																															
O	I	i	v	e	r							R	P	r	o	f	f														
First										Initial		Last																			

ADDRESS 2 Knowledge Ave, University, MD 21411 EMPLOYING AGENCY Maryland University

1. Have you ever been a member of the Maryland State Retirement and Pension System? () Yes (X) No
 2. If Yes, have you withdrawn your accumulated contributions? () Yes () No
 3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? () Yes (X) No
- NOTE:** If you are retired from any Maryland State Retirement and Pension System, you are not eligible for membership in the Optional Retirement Program (ORP).

ELECTION NOT TO PARTICIPATE IN THE TEACHERS'/EMPLOYEES' PENSION SYSTEM:

Whereas, the undersigned, is eligible for membership in the Teachers'/Employees' Pension System, and,
Whereas, the undersigned, as a condition of employment as faculty or an administrative officer has the option to join either the Teachers'/Employees' Pension System or an alternate retirement plan, approved by the Board of Trustees of the Maryland State Retirement and Pension System as set forth in Title 30, State Personnel and Pension Article, Annotated Code of Maryland; and
Whereas, such option is final, binding and irrevocable as long as the individual is an employee of any institution of higher learning which permits such option, even if there is a break in service for any length of time, and;
Whereas, the undersigned, is aware of the rights and benefits of a member of the Teachers'/Employees' Pension System, namely:

- 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service,
- 2) Vesting after 10 years of eligibility service,
- 3) Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service,
- 4) Ordinary disability after five years of eligibility service,
- 5) Accidental disability immediate upon membership,
- 6) Early retirement at age 60 with 15 years of eligibility service,
- 7) A guaranteed retirement allowance equal to 1.5% of average final compensation for service credit earned on or after July 1, 2011.
- 8) For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate,
- 9) Additional service credit for military service and unused sick leave granted at no cost, and;

Whereas, the undersigned, waives all rights for purchasing the service rendered while a member of the optional plan.

Now therefore, being informed of the above on 8/1/2016, I hereby notify you that I wish

Date

to exercise my one-time, irrevocable election not to become a member of the Teachers'/Employees' Pension System on

the date of my employment. Oliver R. Proff

Complete Signature

UPON COMPLETION, RETAIN A PHOTOCOPY OF THIS FORM AND FORWARD THE ORIGINAL TO YOUR RETIREMENT COORDINATOR. ALSO, ATTACH A COPY OF THE ALTERNATE RETIREMENT PLAN'S CONTRACT OR APPLICATION TO THE ORIGINAL COPY OF THIS FORM.

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

What is the applicant's job classification? Business Administration Professor Date of hire 07/12/2016

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

6	3	6	4	1	1	1	1	1	1	2	0
EMPLOYING AGENCY										# OF PAY PERIODS REPORTED PER YEAR	
<u>Karen P. Coordinator</u>										<u>8/1/2016</u>	
Signature										Date	
<u>Maryland University</u>										<u>411.411.4110</u>	
Agency Name/Telephone Number											

EFFECTIVE DATE										N E	
Reviewed By										Approved By	
Initials		Date		Initials		Date					

Election Not to Participate in the MSRPS FORM 60.15

THIS FORM IS COMPLETED BY ELIGIBLE ELECTED AND APPOINTED OFFICIALS
ELECTING NOT TO PARTICIPATE IN THE
MARYLAND STATE RETIREMENT AND PENSION SYSTEM

APPLICANT'S SECTION

- Applicant completes personal data at the top of form.
- Applicant completes election not to participate in boxed area, filling in date and signature.

RETIREMENT COORDINATOR'S SECTIONS

- Provide elected or appointed person's job classification, date of hire and certifies the applicant meets one of the criteria listed.
- Indicate system, location code and number of pay periods reported per year.
- Sign and date form.
- List agency and telephone number.
- Complete, sign and submit Optional Membership Eligibility Questionnaire with appropriate documentation.

Membership in MSRPS is mandatory until and unless certain officials elected and appointed on or after July 1, 2015 for a fixed elect not to participate in the Employees' Pension System on or before their effective date of participation by completing the **Form 60.15 Election Not to Participate- Fixed Term Elected or Appointed Official**

Once an eligible employee elects not to participate, they cannot change their election to enroll in MSRPS.

Their decision is a one-time irrevocable decision.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

**ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM BY AN
ELECTED OR APPOINTED OFFICIAL OR SPECIFIED GOVERNMENTAL EMPLOYEE**

FORM 60.15 (REV. 8/15)

If you need assistance in completing this application, telephone a retirement benefits specialist at 410-825-5555 or toll-free 1-800-492-5909.

APPLICANT COMPLETES THIS SECTION: (Print in ink or type.)

SOCIAL SECURITY NUMBER 777-77-7777 GENDER F DATE OF BIRTH 07/07/1977 HOME PHONE NUMBER 410-777-7777
NAME Polly M Public County Office
ADDRESS 1776 Republic Lane, Free, MD 21111 EMPLOYING AGENCY County Office

1. Have you ever been a member of the Maryland State Retirement and Pension System? () Yes (X) No
2. If Yes, have you withdrawn your accumulated contributions? () Yes () No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? () Yes (X) No

ELECTION NOT TO PARTICIPATE IN THE EMPLOYEES' PENSION SYSTEM:

Whereas, the undersigned, is eligible for membership in the Employees' Pension System, and,
Whereas, the undersigned, as a condition of employment as an official, elected or appointed for a fixed term, or specified governmental employee has the option to join the Employees' Pension System as set forth in Section 23-204, State Personnel and Pension Article, Annotated Code of Maryland; and

Whereas, such option is final, binding and irrevocable as long as the individual is an official, elected or appointed for a fixed term, or specified governmental employee which permits such option, even if there is a break in service for any length of time, and;

Whereas, the undersigned, is aware of the rights and benefits of a member of the Employees' Pension System, namely:

- 1) Death Benefit of 100% of annual salary for completion of one year of eligibility service,
- 2) Vesting after 10 years of eligibility service,
- 3) Service retirement if age and years of eligibility service equal 90 or at age 65 with 10 years of eligibility service,
- 4) Ordinary disability after five years of eligibility service,
- 5) Accidental disability immediate upon membership,
- 6) Early retirement at age 60 with 15 years of eligibility service,
- 7) A retirement allowance equal to 1.5% of average final compensation for each year of service credit earned on or after July 1, 2011.
- 8) For service beginning July 1, 2011, cost-of-living increases capped at 2.5% of the current retirement allowance if the system meets or exceeds its assumed actuarial rate of return or capped at 1.0% if the system does not meet or exceed this rate,
- 9) Additional service credit for military service and unused sick leave granted at no cost, and;

Now therefore, being informed of the above on 12/12/2016, I hereby notify you that I wish to
Date

exercise my **one-time, irrevocable election** not to become a member of the Employees' Pension System on

the date of my employment. Polly M Public
Complete Signature

UPON COMPLETION, RETAIN A PHOTOCOPY OF THIS FORM AND FORWARD THE ORIGINAL TO YOUR RETIREMENT COORDINATOR.

RETIREMENT COORDINATOR COMPLETES THIS SECTION: Applicant's job classification Mayor

I certify that the applicant is: Applicant's date of hire 11/8/2016 by election

- ☒ an official elected or appointed for a fixed term (must complete and submit page 2 – Optional Membership Eligibility Questionnaire); or
☐ an employee of the Governor's Office; or
☐ an employee of the Senate or House of Delegates; or
☐ a member of Prince George's County Board of License Commissioners; or
☐ an employee of Dorchester County who is not a member of the county's general pension and retirement program; or
☐ an employee of a participating governmental unit (PGU) who is employed by the PGU before the effective date of participation in the System and remains an employee through the effective date of participation in the System.

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

SYSTEM CODE 07 EMPLOYING AGENCY 61110000 # OF PAY PERIODS REPORTED PER YEAR 26
Karen P. Coordinator 12/12/2016
Signature Date
Maryland County 410-611-6111
Agency Name/Telephone Number

EFFECTIVE DATE NE
Reviewed By _____ Approved By _____
Initials Date Initials Date

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

OPTIONAL MEMBERSHIP ELIGIBILITY QUESTIONNAIRE

IMPORTANT: Print in ink or type.

FOR RETIREMENT
USE ONLY

(REV. 8/15)

Instructions: Please provide the following information to assist in a determination regarding whether this position satisfies the legal criteria for optional membership as an elected or appointed official.

Agency/Governmental Unit: Maryland Town

Position Title: Mayor

1. Is the position created by law? Yes X No ____
If yes, provide the citation to the supporting legal authority and attach a copy:

Maryland Town Code 1-205 Office of Mayor Attached

2. Is the position elected or appointed for a fixed term? Yes X No ____
Note: If the position *serves at the pleasure* of another elected or appointed official, the answer to this question is "No." If yes, indicate the length of term and provide the citation to the supporting legal authority and attach a copy:

3. Does the position call for the exercise, *in its own right*, of some portion of the sovereign power of government?
Yes X No ____ If yes, indicate what power(s) and provide the citation to the supporting legal authority and attach a copy:

Maryland Town Code 1-205 Office of Mayor Attached

4. Are the duties of the position continuing in nature and not occasional? Yes X No ____
Describe duties and attach job description:

Maryland Town Code 1-205 Office of Mayor Attached

5. Does the position perform an important public duty? (If yes, describe.) Yes X No ____

6. Is the position one of dignity and importance? (If yes, describe.) Yes X No ____

Highest Maryland Town authority and leadership

7. Does the position require the posting of a bond? Yes X No ____
Amount: \$3 Million 4 year monthly

8. Does the position require an oath? Yes X No ____
If yes, provide the citation to the supporting legal authority and attach a copy of oath:

I certify this information to be complete and correct.

Employer's Certification: Karen P. Coordinator 12/12/2016
(Signature) (Date)

Print name and position: Karen P. Coordinator HR Director

Direct Deposit Electronic Fund Transfer Sign-Up FORM 85

The Electronic Fund Transfer Sign-Up Form is mandatory for all retirees.

If it is an undue hardship for the retiree to have his or her check electronically fund transferred (i.e., direct deposited), the retiree must write the Executive Director of the Maryland State Retirement Agency asking for permission to have the check delivered in the mail.

The Direct Deposit-Electronic Fund Transfer Sign-Up Form should be filed with the Application for Service or Disability Retirement (Form 13-23), the Federal and State Tax Withholding Request Form (Form 766) and the Reemployment After Retirement Form (Form 127).

This form is also used by retirees to institute a change of bank or financial institution. The payee should maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Electronic Funds Transfer payment.

Retiree or Beneficiary Section I

- Retiree or Beneficiary completes SECTION I with personal data.
- Retiree or Beneficiary must authorize transfer by filling in date and signature.

International Automated Clearing House Transaction Rules- Electronic payments to retiree designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control. If retiree receives monthly retirement benefit via direct deposit at a U.S. bank and then has the entire benefit amount forwarded to a foreign bank (a bank located in a country outside the United States), retiree must check the box labeled **F** on the front side of this form.

Financial Institution Section II

- Financial Institution representative completes SECTION II with account information.
- Financial Institution representative must certify account information by filling in financial institution name, address and date and signature.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

DIRECT DEPOSIT — ELECTRONIC FUNDS TRANSFER SIGN-UP FORM

RETIREMENT USE ONLY Form 85 (REV. 9/14)

If you need assistance in completing this application, telephone a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

**SECTION I
To Be Completed by Payee**

Directions for Payee:

- 1) Please read the instructions printed on the following page.
- 2) Complete SECTION I.
- 3) Provide this form to your financial institution so that they may complete Section II.

* Advise the Maryland State Retirement Agency (SRA) of change of home address to receive important information regarding benefits and taxes.

A. SOCIAL SECURITY NUMBER OF PAYEE

9 8 7 — 6 5 — 4 3 2 1

B. NAME OF PAYEE (last, first, middle initial)

Generic, Harper Q

ADDRESS (street, route, P.O. Box, APO/FPO)

9 8 7 Relaxation

CITY STATE ZIP CODE + 4
Happy MD 21999-0000

AREA CODE TELEPHONE NUMBER
410 555-1234

C. If you are receiving more than one payment from the SRA please indicate which payment this EFT applies to:

☒ RETIREE ☐ BENEFICIARY ☐ ALL

D. DATE THAT ELECTRONIC FUND TRANSFER SHOULD BEGIN. 7/1/2016

E. PAYEE AUTHORIZATION

By signing my name below, I certify that I am the payee identified above, and hereby authorize SRA to deposit my allowance into my account at my financial institution. I certify that I am the account holder of the account indicated on this form, and the account is not in the name of a trust. I authorize and direct the financial institution, on my behalf, on behalf of my joint account holder, if any, and my estate to charge my account for any amounts paid to which I am not entitled and to return any overpayments to SRA. I also authorize the release by the bank or financial institution of my current address, names and current addresses of all persons listed on the account, including, but not limited to those listed as "payable on death" or "transfer on death" to SRA.

Harper Q Generic 5/20/16

Signature of Payee Date
Flynn Q Generic 5/20/2016
Signature of Joint Holder (if any) Date

- F. ☐ Check here only if your entire payment amount is subject to being transferred to a foreign bank account. See reverse side for more information.

**SECTION II
To Be Completed by Financial Institution**

Directions for Financial Institution:

- 1) Verify information in SECTION I.
- 2) Complete SECTION II.
- 3) Send completed form to: Maryland State Retirement Agency

ATTN: EFT Department
120 East Baltimore Street
Baltimore, MD 21202-6700

or fax to: EFT Department at 410-468-1700

G. ROUTING NUMBER CHECK DIGIT

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

H. PAYEE'S ACCOUNT NUMBER

Important: The payee's name must appear on the account

0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 0 0

TYPE OF ACCOUNT Place "X" in only one box	SRA USE ONLY
<input checked="" type="checkbox"/> CHECKING ACCOUNT	22
<input type="checkbox"/> SAVINGS ACCOUNT	32

J. FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the named payee(s) and certify that the payee's name appears on the account provided in SECTION H. above. As a representative of this financial institution, I certify that the financial institution agrees to receive and deposit the payment as identified. The financial institution agrees to return all benefits received after it learns of the death of the individual or if the account is closed for any reason.

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Maryland Retirement Bank
1 Main Street
Retire, Maryland 21222

AUTHORIZED REPRESENTATIVE'S SIGNATURE:

Frederick Deposit

PRINT/TYPE REPRESENTATIVE'S NAME AND TITLE:

Frederick Deposit

AREA CODE/TELEPHONE:

410.222.3333

DATE: 5/22/2016

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

PLEASE READ THIS CAREFULLY

All information on the reverse side of this form, including the individual Social Security number, is required. The information is confidential and will be used only to process payment data from the Maryland State Retirement Agency to the financial institution and its agent. Failure to provide the requested information may prevent the receipt of payments through the Electronic Funds Transfer Program.

Special Notice to Joint Account Holders

Joint account holders should immediately advise both the Maryland State Retirement Agency and the financial institution of the death of the Maryland State Retirement Agency payee. Funds deposited after the date of death are to be returned to the Maryland State Retirement Agency. The Maryland State Retirement Agency will then make a determination regarding survivor rights, and process survivor benefit payments, if any.

Cancellation

The agreement presented by this authorization remains in effect until cancelled by the recipient by notice to the Maryland State Retirement Agency. Upon cancellation by the recipient, that recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Maryland State Retirement Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Maryland State Retirement Agency.

Changing Receiving Financial Institutions

The payee's Electronic Fund Transfer arrangement will continue until the Maryland State Retirement Agency is notified by the payee that the payee wishes to change the financial institution receiving the Electronic Funds Transfer. To effect this change, the payee will complete a new FORM 85 form. **The payee should maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Electronic Funds Transfer payment.**

International Automated Clearing House Transaction Rules

Electronic payments to your designated account must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control.

If you receive your monthly retirement benefit via direct deposit at a U.S. bank and then you have the entire benefit amount forwarded to a foreign bank (a bank located in a country outside the United States), please check the box labeled **F** on the front side of this form.

sra.maryland.gov

LEOPS – Estimate of Service Retirement Allowances FORM 97

APPLICANT COMPLETES FORM

- Verify that the Social Security number is correct.
- Only one “Effective Date of Retirement” may be entered on this form. If estimates for more than one retirement date are needed, submit a separate form for each effective date of retirement.
- Submit home telephone number.
- Complete only the front page of the form.
- If officer is not married, the optional allowances are available. For the optional allowances, only one beneficiary may be listed on each form. If estimates for more than one beneficiary are needed for Options 2, 3, 5 or 6, submit a separate form for each beneficiary.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.
- Sign and date the form.

RETIREMENT COORDINATOR

Review the checklist containing more detailed retirement information with the member.

The retirement agency does not acknowledge receipt of estimate applications.

Estimates may take up to three months or longer to process.

**LAW ENFORCEMENT OFFICERS' PENSION SYSTEM
APPLICATION FOR AN ESTIMATE OF SERVICE
RETIREMENT ALLOWANCE**

FORM 97 (REV. 3/14)

Revised 5/26/2016

Important Points To Know...

when filing the Law Enforcement Officers' Pension System

Application for an Estimate of Service Retirement Allowance (Form 97)

Please review the following information in regards to requesting a retirement allowance estimate. For retirement counseling call: 410-625-5555 or 1-800-492-5909.

- ☐ Completion of a request for an estimate (Form 97) does not obligate you to retire on the date entered on the form.
- ☐ The estimate of the options selected on the form does not include any unused sick leave days you may have at the time of retirement. At retirement, your employer will certify any unused sick leave days to the Retirement Agency but you must retire within 30 days of separating from employment in order to be credited with these days. These days are then converted into months and increase the monthly benefit you will actually receive.
- ☐ Estimates do not include deductions for taxes, health insurance, etc. They are estimated gross monthly amounts.
- ☐ You must claim any military service you have prior to your retirement. Military service claimed prior to submission of the estimate form (Form 97) will reflect that military credit in the monthly benefits shown on the estimate.
- ☐ Active members only: Submit the *Request to Purchase Previous Service* (Form 26) if you want to purchase any eligible service that is not in your account. A purchase request must be submitted to SRA prior to retiring. You may request the cost to purchase eligible service when you are within 12 months of retiring. If you are submitting a purchase request, you should submit the estimate form (Form 97) and check the bottom of the form in order to receive an estimate based on your service with and without the purchase.
- ☐ Estimates will only be done if the retirement date that you entered on the form is within one year of the date when the form was completed. You must also be eligible to retire on the date that you selected.
- ☐ By law, LEOPS members who are married on the date of retirement receive the Basic Allowance. If you are married, you may only choose the Basic Allowance for your benefit payment.
- ☐ Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important. Your option selection may affect your beneficiary's eligibility for continued health insurance.

Continued on following page.

Maryland State Retirement and Pension System
120 East Baltimore Street · Baltimore, MD 21202-6700

sra.maryland.gov

Page 2 of 3

Important Points to Know when filing the Law Enforcement Officers' Pension System *Application for an Estimate of Service Retirement Allowance* (Form 97)

Continued from previous page.

- ☐ If you are not married, you may select as many options as possible. It is better to make your decision on which payment option to choose at retirement based on viewing as many options as possible. Once your first retirement check is paid (payments are made the end of the month), you may not change your payment option so selection of this option is very important.
 - ☐ Provide a beneficiary's name, relationship to you, date of birth, and gender if Options 2, 3, 5, or 6 (Dual Life Annuities) are selected. If you choose Option 2 or Option 5, the beneficiary may not be more than ten years younger than you unless the beneficiary is your disabled child. You may still provide a monthly benefit to a beneficiary more than ten years younger who is not your disabled child under Option 3 or Option 6.
 - ☐ Review your Benefits Handbook which may be found on the Maryland State Retirement Agency Website at sra.maryland.gov for an explanation regarding each payment option. Click on Member and then Benefits Handbooks to access your plan's handbook.
- You also may speak with a retirement benefits specialist to discuss the options. Talk to a specialist or make an appointment by calling 410-625-5555 or toll-free 1-800-492-5909.
- ☐ Due to the volume of requests, the Retirement Agency does not acknowledge receipt of estimate requests. Please allow at least eight weeks for processing.
 - ☐ Return this form to the address below or FAX to 410-468-1707.
 - ☐ When you are ready to start receiving your retirement benefit, please contact your retirement coordinator, a retirement benefits specialist or visit the Retirement Agency Website to receive the necessary forms.

Maryland State Retirement and Pension System
120 East Baltimore Street · Baltimore, MD 21202-6700

sra.maryland.gov

Page 3 of 3

Name of Member _____

Date _____

CHECKLIST FOR FORM 97

(LEOPS - Application for an Estimate of Service Retirement Allowance)

Retirement Coordinator: Please review the following checklist in order to assist members in completion of the Form 97.

- ☐ **TIME FRAME:** Recommend that a request for an estimate be done by members who are within 12 months of retiring.

UNUSED SICK LEAVE: The estimated monthly benefits provided by the Maryland State Retirement Agency will not include any unused sick leave credit the member may receive at retirement. At retirement, the unused sick leave days are reported and will be counted if the member retires and submits retirement paperwork within 30 days of separating from employment.

- ☐ Instruct member to provide Social Security number, name, address and daytime telephone number.

- ☐ **DATE OF RETIREMENT (MM DD YYYY)** must be within one year of the date the member is completing the application.

To receive an estimate, the member must be eligible to retire on the effective date of retirement entered on the form.

If an estimate is desired for more than one retirement date, submit two separate forms.

Checking various option payments will provide the member with more monetary information which will assist the member in making a sound financial decision in choosing a payment option.

- ☐ Advise the member who selected Option 2, 3, 5, or 6 of the following:

Member must enter beneficiary information on one person in order to receive estimated benefits under Options 2, 3, 5, or 6. Member must provide relationship of beneficiary to the member, name of the beneficiary, beneficiary's birth date and gender.

IMPORTANT: If Option 2 or Option 5 is selected, the beneficiary listed on the form may not be more than 10 years younger than the member unless the beneficiary is the member's disabled child.

RETIREMENT ALLOWANCE: If married, the member must select the Basic Allowance and name the spouse as beneficiary.

If not married, recommend the member check off as many option selections as possible.

CHECKLIST FOR FORM 97

(LEOPS - Application for an Estimate of Service Retirement Allowance)

Continued from previous page.

- ☐ PURCHASE SERVICE CREDIT: Submit the *Request to Purchase Previous Service* (Form 26) with the Form 97 if the member wants to purchase eligible service for previous time worked and desires knowing how the purchase will affect the retirement benefit. A request to purchase service credit must be made prior to retirement and in the 12 months before the member retires.

Send the *Request to Purchase Previous Service* (Form 26) to the employer where the service was worked for verification. Form 26 is then sent to MSRA for determination of a cost.

- ☐ Instruct the member to sign and date the form and mail it to the address shown at the top of the form.
- ☐ Once the member has received the estimate, any questions on the options should be directed to a retirement benefits specialist.

A member may make an appointment to see a MSRA retirement benefits specialist to answer questions, or may call and speak with a retirement benefits specialist, or may submit his/her questions in writing or by email to be answered by a retirement benefits specialist.

To make appointments or speak with a MSRA retirement benefits specialist, call (410) 625-5555 or 1-800-492-5909.

Member may direct questions by email to sra@sra.state.md.us. A member may also mail any questions to the following address:

Maryland State Retirement Agency
120 East Baltimore Street
Baltimore, MD 21202

- ☐ Recommend for any member thinking of retiring the following:

MILITARY CREDIT: Instruct the member to claim any military service prior to retiring by completing *Claim of Retirement Credit for Military Service* (Form 43). A request to claim military service must be made prior to retirement.

Encourage the member to attend the state-sponsored pre-retirement seminar, usually held in the Spring. Any member who is within eight years of retirement may attend these sessions. Registration for pre-retirement seminars may be provided by the retirement coordinator, by contacting the Maryland State Retirement Agency at the numbers indicated on this form or by downloading the registration form from the web site at sra.maryland.gov

Encourage the member to view retirement videos on website www.sra.maryland.gov

Recommend any questions regarding retirement issues, benefits, or policy be directed to a MSRA retirement benefits specialist.

Remind member to contact the retirement coordinator within six to eight weeks prior to retiring to receive the retirement application forms to retire.

LEOPS - Application for Service or Disability Retirement FORM 98-101

APPLICANT'S SECTION PAGE 1

- Read page 1 instructions fully before completing.
- Also complete and submit: *Direct Deposit Electronic Fund Transfer Sign-Up* (Form 85), the *Reemployment After Retirement* (Form 131) and the *Federal and State Tax Withholding Request* (Form 766).

DISABILITY RETIREMENT: Must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

APPLICANT'S SECTION PAGE 2

- Complete Social Security number, name, address, daytime telephone. If married, marriage date and State/jurisdiction must be completed.
- Indicate retirement type: (only one) service retirement, ordinary disability or special disability retirement.
- Retirement date must be completed. Disability only: If blank, retirement agency will provide earliest retirement date (i.e. off payroll, claim date or end of LOA).
- If a date other than the first of the month is selected as the retirement date, payment becomes effective the first of the following month.
- Answer all questions asked. Refer to page 1 before answering the questions on Voluntary Monies.
- If one beneficiary is named, fill in complete address, Social Security number and date of birth.
- Form must be signed and dated by applicant in the presence of a notary public.

APPLICANT'S SECTION PAGE 3

- Applicant selects only one option. The choice is indicated by applicant's signature and date.
- Basic Allowance: If married, must choose Basic Allowance with Spouse as beneficiary. (proof of birth must be attached for spouse and/or children)
- If Options 2, 3, 5 or 6 are chosen, proof of birth must be attached for the beneficiary.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child (Complete Verification of Retiree's Disabled Child FORM 143)
- The same proof of birth that is accepted for Form 1 can be used to verify the birth date of a beneficiary. See Form 1 for a list of acceptable documents for verification of birth date.

RETIREMENT COORDINATOR'S SECTION

- Complete "most recent payroll period reported" section, noting the effective date of the last payroll period reported to the MSRA.
- Complete the payroll information projected to the date of retirement for the applicant. Enter the payroll period contribution amount, standard hours, actual hours paid and the payroll ending date.
- If the applicant will have a new annual salary in any of the projected payroll periods prior to retirement, enter the salary and effective date.
- Section E: Unused Sick Leave –Prior to retirement certify total days of unused sick leave on the last day worked and recertify unused leave 30 days after effective date regardless of whether there are any changes.
- Include member's social security number on the back of form.
- If the applicant is going into DROP, submit Form 756 and a binding letter of resignation with this application form.
- Review the checklist containing more detailed retirement information.

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700**

**APPLICATION FOR SERVICE OR DISABILITY RETIREMENT
LAW ENFORCEMENT OFFICERS**

IMPORTANT: This form must be completed and filed within 120 days of notification of Board approval for disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by SRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from State service as of the 120th day after the approval.

RETIREMENT
USE ONLY

FORM 98-101 (REV. 10/15)

INSTRUCTIONS FOR COMPLETION OF APPLICATION

IMPORTANT: Read the following instructions and information carefully before filling out this form.

NEED HELP: If you need help to complete this form, or any information on your retirement benefits or retirement process, call a Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909.

1. If you are married at time of retirement, you must choose the Basic Allowance.
2. After you have completed this form, you should also complete Forms 131 (Reemployment After Retirement), 85 (Direct Deposit - Electronic Funds Transfer Sign-Up) and 766 (Federal and Maryland State Tax Withholding Request) and forward them to your Retirement Coordinator.
3. If you have chosen the Basic Allowance or payment option 2, 3, 5 or 6, you must verify your beneficiary's date of birth by attaching a copy of his or her birth certificate, valid driver's license or other proof. For information on acceptable proofs of birth date, call a Retirement Benefits Specialist at the number shown above.
4. If you are electing Option 2 or 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child. If you elect Option 2 or Option 5 and designate your disabled child, you must submit a completed Form 143 (Verification of Retiree's Disabled Child for Selection of Option 2/5 Beneficiary) with this application.
5. If you wish to purchase previous service or apply for military service for which you are eligible, ask your Retirement Coordinator for the proper form(s) and submit it with this application. Additional credit cannot be claimed or purchased after your retirement.
6. If you wish to name more than one beneficiary and you are choosing the Option 1 Allowance or the Option 4 Allowance, you should not fill out the "Designation of Beneficiary" section on page 2. Instead, fill out and attach Form 4 (Designation of Beneficiary Form).
7. If you are eligible to participate in the State Employees Health Insurance Program, The Basic Allowance or Option 2, 3, 5 or 6 continue health program coverage for your eligible surviving dependents, after your death. Contact your employing agency for details.
8. You may change your retirement allowance selection only by filing a change with the State Retirement Agency before your first payment is due. In most cases, the first payment is due 30 days after the effective date of your retirement. You cannot change your selection after this due date.
9. If you die before the effective date of your retirement, your beneficiary cannot receive a retirement allowance even if you have completed this form. If you are still in active service at the time of your death, your beneficiary is only eligible for the active service death benefit.
10. You may change your beneficiary at any time. Depending on the option you have chosen, however, your retirement allowance may have to be recalculated to reflect the change. Your benefit amount could be reduced as a result of the change. For more information, call a Retirement Benefits Specialist.
11. You must retire within 30 days of separating from employment with a participating employer to receive additional creditable service for your unused sick leave. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.
12. Generally speaking, no member may receive more than one type of retirement benefit.
13. If you have voluntary contributions in your account and have elected to withdraw them in a lump sum, you must attach completed Form 742 (Application for Withdrawal of Voluntary Funds), Form 193 (Trustee-to-Trustee Distribution Form) if applicable and Form 746 (Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election) to this application. These forms may be obtained by calling a Retirement Benefits Specialist at the number shown above.
14. Refer to Form 131 (Reemployment After Retirement), which should be submitted with this application, for an explanation of how post retirement employment may affect your retirement benefits.

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

APPLICANT'S SOCIAL SECURITY NUMBER

7 8 9 - 5 6 - 1 2 3 4

APPLYING FOR :

Check only one box

- ☐ Service Retirement
☐ Ordinary Disability Retirement
☒ Accidental Disability Retirement

APPLICANT'S NAME

L y n n Initial E O f f i c e r Last

HOME ADDRESS

9 H u r t L a n e

Number and Street

H e r o M D 2 1 9 1 1 - 0 0 0 1

City

State

Zip Code

Home telephone 410 - 999 - 8888

Home email address: leofficer@pension.com

I do wish to have my home address released to an approved public employees' organization. If left unchecked, my address will not be released. ☒ Yes ☐ No

I request that my retirement allowance be effective on Month Day Year

Have you applied to purchase all additional credit for which you are eligible and intend to purchase? ☒ Yes ☐ No

Are you a U.S. citizen? ☒ Yes ☐ No

I have Voluntary Monies: (see instructions on page one)

☐ I want my voluntary funds refunded in a one-time distribution.

OR

☒ I want my voluntary funds to remain as a monthly additional annuity.

DESIGNATION OF BENEFICIARY:

NOTE: If more than one beneficiary will be designated by members without a spouse or children under age 18 who select either the basic allowance, the option 1 allowance, or the option 4 allowance, complete the "Designation of Beneficiary" Form 4 instead of the following section. Effective January 1, 2006, retirees electing Option 2 or 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child. ☐ Check here to indicate that Form 4 is attached.

BENEFICIARY'S SOCIAL SECURITY NUMBER

0 0 1 - 0 2 - 0 0 0 3

RELATIONSHIP

daughter

Gender

F

(M or F)

DATE OF BIRTH

0 3 - 0 3 - 2 0 0 3

Month Day Year

BENEFICIARY'S NAME

H a z e l D C h i l d

First

Initial

Last

BENEFICIARY'S ADDRESS

9 H u r t L a n e

Number and Street

H e r o M D 2 1 9 1 1 - 0 0 0 1

City

State

Zip Code

I hereby authorize the Board of Trustees to make payment according to the retirement allowance option selected on page three (3) to the beneficiary whom I have designated and agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should the beneficiary of the above-named benefit die before me, the amount which otherwise would have been payable to such beneficiary shall become a part of and be paid to my estate, or to such other beneficiary as I shall hereafter designate by written designation filed with the State Retirement Agency in accordance with the rules and regulations prescribed by the Board of Trustees.

Complete Signature Lynn E Officer

Date Signed 12/12/2016

This form must be signed and notarized in order to be valid.

State of Maryland County of Harford (or City of Baltimore)

On this 12 day of December, 20 16, before me, the undersigned

officer, personally appeared

Lynn E Officer

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED

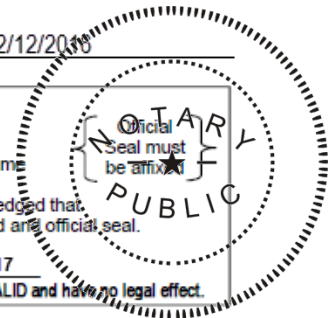
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public Karen P. Coordinator

Printed Name of Notary Public Karen P. Coordinator

My Commission Expires 5/1/2017

* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.



RETIREMENT ALLOWANCE OPTIONS

YOU MAY CHOOSE ONLY ONE OF THE FOLLOWING OPTIONS.
INDICATE YOUR SELECTION BY SIGNING IN THE APPROPRIATE BOX BELOW

BLOCK 1 - BASIC ALLOWANCE

The **BASIC ALLOWANCE** provides the largest allowance each month until your death. At your death, one-half of the monthly allowance will be paid to your surviving spouse for life. If there is no eligible surviving spouse or if an eligible surviving spouse dies, then one-half of the monthly allowance will be paid in equal shares to your children who are under age 18 until every child dies or attains age 18. If you have no spouse or no children under age 18, the allowance ceases at your death and your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later. If you die before the effective date of retirement, your selection shall be void and benefits due to the death of a member in service will be paid. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

BLOCK 2 - OPTIONAL ALLOWANCES

The following optional allowances are only available to members without a spouse as of the date of retirement. Sign the appropriate section in this block to indicate the selected option. Optional allowances are effective on the effective date of retirement. If you die before the effective date, the selected option shall be void and the benefits due to death of a member in service will be paid. The selected option cannot be changed after the first payment normally becomes due.

OPTION 1:

Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 2:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE Lynn E Officer DATE 12/12/2016

OPTION 3:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

OPTION 4:

Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued health coverage after your death.

SIGNATURE _____ DATE _____

OPTION 5:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's disabled child.

SIGNATURE _____ DATE _____

OPTION 6:

Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

APPLICATION FOR SERVICE OR DISABILITY RETIREMENT

To be completed by employer and returned with application

Employer's Certification of Separation from Employment, Wages, Contributions and Sick Leave

For: **Lynn E Officer**

Police Officer

Applicant's Name

Job Classification

Applicant's Social Security number: **7 8 9 - 5 6 - 1 2 3 4**

A. The most recent payroll period reported was: **1 2 - 0 9 - 2 0 1 6**
Month Day Year

B. The projected payroll information to be reported prior to retirement is:

Contribution \$	Standard hours	Actual Hours Paid	Pay Period Ending	MO	DAY	YR
Contribution \$	Standard hours	Actual Hours Paid	Pay Period Ending	MO	DAY	YR
Contribution \$.00	Standard hours 80	Actual Hours Paid 0	Pay Period Ending	12	23	16
				MO	DAY	YR
Final						
Contribution \$.00	Standard hours 80	Actual Hours Paid 0	Pay Period Ending	01	06	17
				MO	DAY	YR



No retirement contribution is due for a pay period **ending** on or after the retirement date.

C. The employee is separating from employment with the employer. The employee's last day on payroll is: **04/12/2016**

Federal law prohibits the Maryland State Retirement and Pension System from paying benefits prior to "separation from employment." "Separation from employment" may only occur on resignation, retirement, discharge, or death, and not on transfer, promotion, or otherwise continuing employment with the same employer without interruption. Effective July 1, 2005, State law requires that there be a minimum of 45 days between the last day on payroll, as set forth above, and the date the employee is rehired by (a) a unit of state government if the employee's current employer is a unit of state government, or (b) a participating employer if the employee's current employer is the same participating employer.

D. **Salary Change:** Did the employee's salary change since most recent payroll period reported or will the employee's salary change before the date of retirement?.....() YES (X) NO

If yes, the employee's new annual salary is \$_____ and is effective _____
MO DAY YR

E. **Unused Sick Leave:** Member must retire within 30 days of separating from employment to be eligible to receive additional creditable service for unused sick leave. The agency must be notified of all changes in unused sick leave. Unused sick leave must be reported at the time the member files for retirement and again 30 days after the effective date of retirement. Retirement Coordinator: Please retain a copy and submit recertified sick leave 30 days after retirement. Unused sick leave is sick leave that was available to an employee as sick leave during employment and was not used before retirement. Any converted leave that was not sick leave during employment may not be reported.

Initial Reporting:	Total DAYS of unused sick leave (If none, enter word NONE) 125 as of 12/12/2016 MO DAY YR
Recertified Sick Leave:	Total DAYS of unused sick leave (If no change, enter no change) 125 as of 1/15/17 MO DAY YR
	Retirement Coordinator recertifying leave must initial here: KPC Date: 1/15/17

I certify that the above information regarding wages, contributions, separation from service, and sick leave is true and accurate to the best of my knowledge and that I am authorized to certify this information by the employer. I will report any changes to unused sick leave occurring between the date certified and the actual date of retirement.

Karen P. Coordinator

Signature of Authorized Agent

12/12/2016

Date

Karen P. Coordinator

Printed Name of Authorized Agent

Harford County Sheriff Dept

Full Name of Employer

Retirement Coordinator

Title of Authorized Agent

410.555.4444

DIRECT Telephone Number

Submit form directly to: Maryland State Retirement and Pension System, 120 East Baltimore St., Baltimore, MD 21202-6700

Name of Retiree _____

Date _____

CHECKLIST FOR FORM 98-101
(LEOPS - Application for Service or Disability Retirement)

Retirement Coordinator: Please review the following checklist before submitting the Form 98-101 to the Maryland State Retirement Agency. All items should be checked off prior to mailing to ensure that the correct procedure has been followed. (Page 1 of 4)

ESTIMATES: A member is encouraged to have requested an estimate of his/her retirement benefits before completing this form. To receive an estimate, Form 97 must be completed and sent to the Agency within the 12 months prior to retiring.

DISABILITY RETIREMENT: Retirees are not eligible to file a disability claim.

A member or former member must file a disability claim prior to the effective date of a service retirement. Advise members eligible for a normal service retirement to contact MSRA to discuss retirement options prior to filing disability claim.

Form 98-101 must be completed and filed within 120 days of notification of Board approval for a disability retirement. COMAR 17.04.03.16E states, if a State employee is approved for disability retirement by MSRA, unless the employee resigns or is removed earlier, the employee shall be considered resigned from state service as of the 120th day after the approval.

Approximately two months before retiring, give the member a copy of the *Application for Service or Disability Retirement* (Form 98-101) for completion. Tell the member that this form must be returned to coordinator for mailing to the Maryland State Retirement Agency (MSRA). Only the employer may submit this form.

- ☐ Encourage the member to file to purchase any eligible service and to claim any military

service not in his/her account. The form must be at the MSRA prior to retirement in order for the member to be eligible to purchase or claim any additional service credit.

- ☐ If the member is eligible for the Deferred Retirement Option Program (DROP) and wants to participate, complete an *Application for the Deferred Retirement Option Program* (Form 504), a binding letter of resignation and an *Acknowledgement of Special Tax Notice and Affirmative Election* (Form 746) along with Form 98-101.
- ☐ Encourage the member to read carefully the front page of the form before attempting to complete the form. Any questions on the form should be directed to a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

STATE HEALTH INSURANCE: For state employees, it is important that the member understand that if they are eligible to participate in the State Employees Health Insurance Program, only an option providing a monthly benefit to an eligible surviving spouse or dependent children will continue their health insurance after the death of the retiree. The member must choose one of these options and name the eligible surviving dependent as the beneficiary.

- ☐ **UNUSED SICK LEAVE:** Remind the member that he or she must retire within 30 days of separation from employment in order to have any unused sick leave credited towards the retirement benefit.

CHECKLIST FOR FORM 98-101
(LEOPS - Application for Service or Disability Retirement)

Continued from previous page (2 of 4).

- ☐ **RETIREMENT DATE:** Check to be sure that a retirement date was chosen.

The member must choose a date to retire when he/she is off payroll. If the member is having hours reported to the Agency, he/she may not retire on that date.

Payment is made at the end of the month if the member chooses the first of that month for a retirement date. If a member chooses a date other than the first of the month, the payment will begin the end of the next month and will only be one month's benefit.

- ☐ **VOLUNTARY MONEY:** If the member has voluntary money, be sure the member answered the question regarding distribution of voluntary money.

To verify if the member has any voluntary money, refer to the member's latest Personal Statement of Benefits or most recent estimate.

Additional forms will need to be completed to determine how the voluntary money is paid. Contact a retirement benefits specialist for the necessary forms or request the form packet through our web site at sra.maryland.gov Click on Participant, Member, Forms and Downloads and Order forms. The forms for voluntary money are listed under Withdrawal of Voluntary Funds.

- ☐ **BENEFICIARY:** Verify that the member named a beneficiary.

If the member is married, by law the member must select the Basic Allowance and name the spouse as beneficiary.

If only one beneficiary is being named, enter the beneficiary information on Form 98-101. If Options 2, 3, 5, or 6 are chosen, only one primary beneficiary may be named. No contingent beneficiary (ies) may be named.

If Option 2 or Option 5 is selected, check to be sure the member's beneficiary is not more than 10 years younger than the member unless the beneficiary is the member's disabled child.

If the beneficiary under Option 2 or Option 5 is the member's disabled child, complete *Verification of Retiree's Disabled Child for Selection of Option 2 / 5 Beneficiary* (Form 143) and send it with Form 98-101.

Basic Allowance, Options 1, or 4 allow for multiply beneficiaries. If these options are chosen and multiple beneficiaries desired, check the box on Form 98-101 indicating Form 4 is attached and then submit the Form 4 with the list of beneficiaries.

Be sure the beneficiary's relationship to the member, gender and date of birth (MM DD YYYY) are completed on the form. The address of the beneficiary must be supplied.

Option Waiver (Form 703): Retiree can change their allowance option selection only by filing an Option Waiver (Form 703) and a new retirement application with MSRA before first payment is paid.

CHECKLIST FOR FORM 98-101

(LEOPS - Application for Service or Disability Retirement)

Continued from previous page (3 of 4).

- ☐ SIGNATURE/NOTARY: Check to see if member has signed the bottom of page 2 and the signature was notarized.

Check that the member's signature date and the date of the notary are the same.

Check that the notary's commission date has not expired.

- ☐ ALLOWANCE OPTION: Verify that the member signed and dated next to the payment option selected.

If Options 2, 3, 5, or 6 are chosen, member must submit proof of birth for the beneficiary (See Section III Form 1 of this guide for a list of valid proofs of birth for the beneficiary).

EMPLOYER SECTION: Complete the back of Form 98-101. This may only be completed by the **Employer**.

- ☐ Enter the member's name and job title on the back.
- ☐ SECTION A: Enter the date (MM DD YYYY) of the most recent payroll period reported.
- ☐ SECTION B: Complete if member is continuing employment after the most recent payroll period reported, complete B section. If not, leave this section blank.

NOTE: If the last payroll period ends on or after the retirement date, no retirement contribution is owed by the member. Please do not submit a contribution for this payroll period, if possible.

- ☐ SECTION C: Enter the member's last day on payroll.

REEMPLOYMENT IMPORTANT: No offers of reemployment should be made or discussed by the employer at the time of retirement.

Make the member aware that he/she must wait at least 45 days (except for DROP participants) before being rehired by the any MSRPS employer.

Being rehired by the same employer may cause the retiree to be subject to the rules of reemployment. There are other rules regarding reemployment that the retiree should be made aware. Encourage retiree to contact MSRA before being rehired if they have any reemployment questions.

- ☐ SECTION D: enter the employee's annual salary if it will differ from the annual salary reported on the most recent payroll period.

If no salary change will occur for the employee, check NO.

CHECKLIST FOR FORM 98-101

(LEOPS - Application for Service or Disability Retirement)

Continued from previous page (4 of 4).

☐ SECTION E: Unused Sick Leave

IMPORTANT: A member must retire within 30 days of separation from employment in order to have any unused sick leave days credited towards the retirement benefit.

Prior to the date of retirement: Calculate projected **days** of unused sick leave member will have on their retirement date. Convert the number of unused sick leave hours to days by dividing their hours by the standard full-time hours. Example: 2500 hours ÷ 8 hours = 312.5 days is reported as 312 days.

Retain a copy of the retirement application.

- ☐ If the member is participating in DROP, report the number of unused sick leave days as instructed by the member.

- ☐ Sign and date the back of the form.

Print clearly the name of the authorized agent.

Be sure that the daytime telephone number of the authorized agent is the person's direct line and not a general number or call center. This is important in case the Agency needs to contact the authorized agent for any last minute adjustments to the form.

- ☐ Mail the Form 98-101 directly to the Maryland State Retirement Agency at the address shown on the form.

- ☐ Keep a copy of the back of the Form 98-101.

After the retirement date: Coordinator must recertify unused leave 30 days after effective date regardless of whether there are any changes.

Steps to reporting changes:

1. Cross out the incorrect number of unused sick leave days on previously copied form;
2. Write in the corrected number of days on the previously copied form;
3. Resign and date the corrected form;
4. Write the member's Social Security number near his or her name at the top of the back page; and
5. Send the revised, signed form to MSRA within three weeks of the member's retirement date.

Submit sick leave recertification to the attention of:

Sick leave Recertification

Fax (410) 468-1713

OTHER RETIREMENT FORMS:

Send with Form 98-101 or if the member is participating in DROP, these forms are completed after DROP ends.

- Reemployment After Retirement (Form 131).
- Electronic Fund Transfer Sign-Up form (Form 85),
- Federal and Maryland State Tax Withholding Form (Form 766),
- If applicable, retiree health insurance form

LEOPS - Application for Disability Estimate FORM 100

APPLICANT'S SECTION

- Complete only the front page of this form.
- Verify that the Social Security number is correct.
- Effective date of retirement can be left blank.
Retirement agency personnel will determine the earliest effective date upon approval of disability benefit.
- If the beneficiary name and age have been left blank, no estimates can be provided for Options 2, 3, 5 and 6.
- If Option 2 or 5 is selected, the beneficiary cannot be more than 10 years younger than the applicant unless the beneficiary is the applicant's disabled child.
- File Form 100 along with the Statement of Disability (Form 20).

STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

LAW ENFORCEMENT OFFICERS PENSION SYSTEM

APPLICATION FOR AN ESTIMATE OF DISABILITY
RETIREMENT ALLOWANCES

IMPORTANT: TO BE COMPLETED BY MEMBER: PRINT IN INK OR TYPE, IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, TELEPHONE A RETIREMENT COUNSELOR AT 410-625-5555. IF LONG DISTANCE, CALL 1-800-482-5809.

FOR RETIREMENT USE ONLY

FORM 100 (REV. 10/05)

NOTE: AT ACTUAL RETIREMENT, IF YOUR EFFECTIVE DATE IS OTHER THAN THE FIRST OF A MONTH, YOUR MONTHLY RETIREMENT BENEFIT WILL NOT COMMENCE UNTIL THE FIRST OF THE MONTH FOLLOWING YOUR SELECTED RETIREMENT DATE. CHECKS ARE PAID AT THE END OF EACH MONTH FOR THE MONTH JUST ENDED.

TYPE OF DISABILITY: (PLEASE CHECK): () ORDINARY (X) ACCIDENTAL

DATE REQUESTED

SOCIAL SECURITY NUMBER

EFFECTIVE DATE OF RETIREMENT

0 4 - 1 5 - 2 0 1 6 7 8 9 - 5 6 - 1 2 3 4 0 5 - 0 1 - 2 0 1 6
MO DAY YR MO DAY YR

NAME

L y n n E O f f i c e r
FIRST INITIAL LAST

ADDRESS

9 H u r t L a n e
NUMBER AND STREET
H e r o M a r y l a n d 2 1 9 1 1
CITY AND STATE ZIP CODE

RETIREMENT ALLOWANCES: CHECK THE BLOCK TO INDICATE YOUR CHOICE(S).

- ☐ BASIC Provides the largest monthly allowance each month until your death. At the retiree's death, one half of the monthly allowances will be paid to the surviving spouse for life or until such surviving spouse dies. If there is no eligible surviving spouse then one-half of the monthly allowance will be paid in equal shares to the children of the deceased retiree who are under age 18 until each child dies or attains age 18. If the retiree has no spouse or no children under age 18, the allowance ceases at the retiree's death.

THE FOLLOWING OPTIONAL ALLOWANCES ARE ONLY AVAILABLE TO MEMBERS WITHOUT SPOUSES.

- ☐ OPTION - 1 Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.
- ☒ OPTION - 2 Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.
- ☐ OPTION - 3 Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

IF OPTION 2, 3, 5 or 6 IS REQUESTED INDICATE:

Relationship (check): Disabled child ☒ Other ☐

Beneficiary's Date of Birth 0 3 - 0 3 - 2 0 0 3 Beneficiary's Sex F

Beneficiary's Name H a z e l D C h i l d

Effective January 1, 2006, if you are electing Option 2 or Option 5, you cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is your disabled child.

- ☐ OPTION - 4 Provides a lower monthly benefit than the Basic Allowance, but guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.
- ☐ OPTION - 5 Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.
- ☐ OPTION - 6 Provides a lower monthly benefit than the Basic Allowance, but guarantees that, after your death, one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with your final retirement application.

Do you wish to purchase any previous service for which you are eligible? () YES (X) NO

If yes, obtain a Request to Purchase Previous Service from your retirement coordinator and attach a copy with this application.

Lynn E Officer

Member's Signature

4/15/2016

Date

Reemployment After Retirement FORM 127

Employees, Teachers and CORS

- This form must be signed by every retiree at time of retirement. It is mandatory. Retirement checks cannot be issued until the Maryland State Retirement Agency receives this form.
- The purpose of this form is to inform the new retiree of the consequence of reemployment after retirement.
- The Reemployment After Retirement Form should be filed with the Application for Service or Disability Retirement, the Electronic Fund Transfer Sign-Up Form and the Federal and State Tax Withholding Request.
- A copy of this form should be retained by the retiree.
- The rules for reemployment after retirement can change. A retiree returning to employment should read the most current issue of this form available on the MSRA Web site before returning to employment.

Encourage the member to view retirement videos on website www.sra.maryland.gov

PARTICIPATING EMPLOYERS * Maryland State Retirement and Pension System

State of Maryland
University System of Maryland
Baltimore City and All County Boards of Education (Teachers' System)
Community Colleges and All Public Libraries (Teachers' System)

Participating Governmental Units in the Employees' System as of July 1, 2015

Allegany College of Maryland	Federalsburg, Town of	Prince George's Community College
Allegany County Board of Education	Frederick County Board of Education	Prince George's County Board of Education
Allegany County Commission	Frostburg, City of	Prince George's County Crossing Guards
Allegany County Housing Authority	Fruitland, City of	Prince George's County Government
Allegany County Library	Garrett County Board of Education	Prince George's County Memorial Library
Allegany County Transit Authority	Garrett County Community Action Committee	Princess Anne, Town of
Annapolis, City of	Greenbelt, City of	Queen Anne's County Board of Education
Anne Arundel County Board of Education	Greensboro, Town of	Queen Anne's County Commission
Anne Arundel County Community College	Hagerstown, City of	Queenstown, Town of
Berlin, Town of	Hagerstown Community College	Ridgely, Town of
Berwyn Heights, Town of	Hampstead, Town of	Rock Hall, Town of
Bladensburg, Town of	Hancock, Town of	St. Mary's County Board of Education
Bowie, City of - Police Dept. (LEOPS)	Harford Community College	St. Mary's County Commission
Brunswick, City of	Harford County Board of Education	St. Mary's County, Housing Authority
Calvert County Board of Education	Harford County Government	St. Mary's County Metropolitan Commission
Cambridge, City of	Harford County Library	St. Michaels, Commissioners of
Caroline County Board of Education	Housing Authority of Cambridge	Salisbury, City of
Caroline County Sheriff Deputies	Howard Community College	Shore Up!
Carroll County Board of Education	Howard County Board of Education	Snow Hill, Town of
Carroll County Public Library	Howard County Community Action Committee	Somerset County Board of Education
Carroll Soil Conservation District	Hurlock, Town of	Somerset County Commission
Catoctin & Frederick Soil Conservation District	Hyattsville, City of	Somerset County Economic Development Commission
Cecil County Board of Education	Kent County Board of Education	Somerset County Sanitary District, Inc.
Cecil County Commission	Kent County Commissioners	Southern Maryland Tri-County Community Action Committee
Cecil County Library	Kent Soil and Water Conservation District	Sykesville, Town of
Centreville, Town of	Landover Hills, Town of	Takoma Park, City of
Chesapeake Bay Commission	La Plata, Town of	Talbot County Board of Education
Chestertown, Town of	Lower Shore Private Industry Council	Talbot County Council
Cheverly, Town of	Manchester, Town of	Taneytown, City of
College of Southern Maryland	Maryland Health & Higher Education Facilities Authority	Thurmont, Town of
College Park, City of	Middletown, Town of	Tri-County Council of Western Maryland
Crisfield, City of	Montgomery College	Tri-County Council for the Lower Eastern Shore
Crisfield Housing Authority	Morningside, Town of	University Park, Town of
Cumberland, City of	Mount Airy, Town of	Upper Marlboro, Town of
Cumberland, City of - Police Department	Mount Rainier, City of	Walkersville, Town of
Denton, Town of	New Carrollton, City of	Washington County Board of Education
District Heights, City of	North Beach, Town of	Washington County Board of License Commission
Dorchester County Board of Education	Northeast Maryland Waste Disposal Authority	Washington County Library
Dorchester County Commission	Oakland, Town of	Westminster, City of
Dorchester County Roads Board	Oxford, Town of	Worcester County Board of Education
Dorchester County Sanitary Commission	Pocomoke, City of	Worcester County Commission
Eastern Shore Regional Library	Preston, Town of	Wor-Wic Community College
Edmonston, Town of		
Emmitsburg, City of		

*NOTE: The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700
410-625-5555 OR 1-800-492-5909

REEMPLOYMENT AFTER RETIREMENT

RETIREMENT USE ONLY FORM 127 (REV. 4/16)

VIDEO: For an overview of this information, go to sra.maryland.gov, select YouTube or Vimeo and watch "Reemployment After Retirement."

FOR RETIREES OF THE TEACHERS' RETIREMENT/PENSION, EMPLOYEES' RETIREMENT/PENSION, CORRECTIONAL OFFICERS' RETIREMENT, OR LOCAL FIRE & POLICE PENSION SYSTEMS

Keep a copy of this form on file as a handy reference. You should also keep your Notice of Retirement Allowance that the State Retirement Agency sends to you as a new retiree. The Notice of Retirement Allowance lists the amount of your monthly retirement allowance, your designated beneficiary(ies) and your earnings limitation. Refer to your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and the amount of your earnings limit. Then, apply the reemployment rules printed below to determine if an earnings limit applies for you. Once retired, you cannot enroll in another Maryland State Retirement and Pension System (SRPS) plan or the Optional Retirement Program (ORP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the SRPS you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the greater the difference between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an "independent contractor" may not meet the IRS' standard.

MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

Maryland law requires that there must be a minimum of **45 DAYS** between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. This rule applies even if you retired from an employer that withdrew from the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

SERVICE RETIREMENT

(FOR EXCEPTIONS AND DISABILITY RETIREMENT RULES, SEE PAGE TWO)

Applicable to all systems: If you accept employment with a participating employer, that is an employer who offers State Retirement Benefits to their employees (a list of these employers can be found on page three), you must notify the Board of Trustees in writing of your intent to accept reemployment and the amount of your anticipated compensation. If you accept employment with the *same employer* from which you retired, you are subject to an earnings limit. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules. If you are subject to an earnings limit, your allowance will be reduced only if your *reemployment earnings* exceed the earnings limitation printed on your Notice of Retirement Allowance.

Reemployment earnings are the annual reemployment compensation reported to the IRS that you received during a calendar year. Your benefit is reduced one dollar for every dollar you earn in excess of your limit, up to a maximum of the full retirement allowance. If you retired as an elected or appointed official, contact the State Retirement Agency to learn how the reemployment provisions apply to you.

Applicable only to Employees/Teachers' Systems: Additionally, if you accept an early retirement *and* have been retired fewer than 12 months, you are subject to an earnings limit if you return to work for any participating employer during the first 12 months of retirement.

(CONTINUED ON PAGE TWO)

I acknowledge that I have received this information about my obligation with regard to reemployment and I agree to notify the Board of Trustees of my anticipated earnings should I return to work. I also understand that, should I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until such time that any resulting overpayment of benefits is recovered.

987-65-4321
Social Security Number

Harper 2 Generic
Signature
sra.maryland.gov

5/20/16
Date
Page 1 of 3

SERVICE RETIREMENT: EXCEPTIONS

Applicable to all systems: Earnings limits do not apply if your average final compensation used in your retirement calculation is less than \$25,000 and you are reemployed on a permanent, temporary or contractual basis. Earnings limits do not apply if you have been retired more than five years. With the exception of a January 1st retirement date, the five year period begins on January 1st of the year following the year of retirement.

Applicable only to Teachers' Systems: Earnings limits do not apply if you are a teacher who meets all of the following criteria:

- Is or has been certified to teach in the state,
- Has verification of satisfactory or better performance in last assignment prior to retirement,
- Has been appointed in accordance with §4-103 of the Education Article, and
- Retired with normal service retirement, or retired with an early service retirement and has been retired at least 12 months

AND

Is employed as a classroom teacher, substitute classroom teacher or teacher mentor for the Maryland School for the Deaf or in a public school that

- Is not making adequate yearly progress or is a school in need of improvement as defined under the federal No Child Left Behind Act of 2001, or
- Is receiving funds under Title 1 of the federal No Child Left Behind Act of 2001, or
- Has more than 50% of the students attending that school who are eligible for free and reduced-price meals, or
- Provides an alternative education program for adjudicated youths or students who have been expelled, suspended or identified for suspension or expulsion from public school

AND

- Shall teach in an area of critical shortage, or a special education class for students with special needs, or a class for students with limited English proficiency, or
- Is hired to teach any subject or class or provide education services under a special limited provision granted to the superintendent.

The superintendent may also grant a special limited exception to the earnings limit if the retiree is employed at any school to teach in an area of critical shortage, a special education class with special needs, a class for students with limited English proficiency, or provide education services.

Earnings limits do not apply if you are employed: 1) as a principal within 5 years of retirement or 2) as a principal not more than 10 years before retirement and were employed in a position supervising principals in the retiree's last assignment prior to retirement **AND** you are rehired as a principal at a public school outlined above.

Note: Teachers and principals must receive satisfactory or better performance evaluations each year to continue with the earnings limitation exception.

If you retired directly from employment as a faculty member with a 10-month salary at the University System of Maryland, Morgan State University, St. Mary's College or a Title 16 community college and are reemployed by the same employer, the following types of compensation will not be subject to an earnings limit: bonuses, overtime, summer school or adult education salaries, temporary payments for special research, honorariums or vehicle stipends.

Applicable to Employees' Systems (rehired health care practitioners): Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as a health care practitioner by the Department of Health and Mental Hygiene in a state residential center, chronic disease center, a state facility or a local health department are exempt from the earnings limitation (applies only to normal service retirement or early service retirement once the retiree has been retired for 12 months.)

Applicable to Employees' Systems (rehired as parole and probation employees): Retirees of the Employees' Retirement and Employees' Pension Systems who are reemployed on a contractual basis as parole and probation employees in positions with the Division of Parole and Probation in the Department of Public Safety and Correctional Services are exempt from an earnings limit for not more than 4 years.

Applicable to Correctional Officers' Retirement System (rehired correctional officers): Retirees of the Correctional Officers' Retirement System who are reemployed on a contractual basis as a correctional officer by the Division of Corrections, the Division of Pretrial Detention and Services or the Patuxent Institution in the Department of Public Safety and Correctional Services in an eligible correctional facility are exempt from the earnings limitation for a maximum of 4 years (does not apply to a disability retirement).

DISABILITY RETIREMENT

Suspension of Disability Retirement: An Ordinary or Accidental Disability allowance shall be temporarily suspended during a period of re-employment if a retiree is reemployed by any participating employer at an annual compensation that is at least equal to the retiree's average final compensation at retirement. If the disability retiree is eligible to receive a normal service retirement or began receiving a disability retirement allowance before July 1, 1998, no suspension of benefits is applied. There is no additional benefit accrued while reemployed by a participating employer.

If suspended, the retiree's allowance is reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. Also, the retiree's allowance at time of reinstatement is adjusted to reflect the accumulated cost of living adjustments during the period of suspension.

Earnings limitation for Ordinary Disability Retirees Only: If you have not reached normal retirement age and you accept employment with a participating employer and your current earnings from the employment exceeds your earnings limitation, then your benefit is reduced. The reduction is \$1.00 for every \$2.00 over the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1.00 for every \$5.00 over the limit. If your pension is temporarily suspended as provided above, this earnings limitation does not apply during the period of suspension.

There is no earnings limit for an Ordinary Disability Retiree who is reemployed with a non-participating employer.

The earnings limit does not apply for Accidental Disability Retirees.

Note: An additional exception to the suspension of benefits and the earnings limitation applies to law enforcement officers formerly employed by an employer that participated in the Law Enforcement Officers' Pension System. These former officers are exempt if reemployed by a participating employer in any position other than a probationary status law enforcement officer, a law enforcement officer or chief, as defined in §3-101 of the Public Safety Article.

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

Page 2 of 3

State Police-Reemployment After Retirement FORM 128

- This form must be signed by every State Police retiree at time of retirement. It is mandatory. Retirement checks cannot be issued until the Maryland State Retirement Agency receives this form.
- The purpose of this form is to inform the new retiree of the consequence of reemployment after retirement.
- The Reemployment After Retirement Form should be filed with the Service or Disability Retirement Application, the Electronic Fund Transfer Sign-Up Form and the Federal and State Tax Withholding Request.
- A copy of this form should be retained by the retiree.
- The rules for reemployment after retirement can change. A retiree returning to employment should read the most current issue of this form available on the MSRA Web site before returning to employment.

Encourage the member to view retirement videos on website www.sra.maryland.gov

PARTICIPATING EMPLOYERS * Maryland State Retirement and Pension System

State of Maryland
University System of Maryland
Baltimore City and All County Boards of Education (Teachers' System)
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Annapolis, City of	Greenbelt, City of	Queen Anne's County Board of Education
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Anne Arundel County Community College	Hagerstown, City of	Queenstown, Town of
Berlin, Town of	Hagerstown Community College	Ridgely, Town of
Berwyn Heights, Town of	Hampstead, Town of	Rock Hall, Town of
Bladensburg, Town of	Hancock, Town of	St. Mary's County Board of Education
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Carroll County Public Library	Howard County Community Action Committee	Somerset County Board of Education
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Cecil County Library	Kent Soil and Water Conservation District	Sykesville, Town of
Centreville, Town of	Landover Hills, Town of	Takoma Park, City of
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College of Southern Maryland	Maryland Health & Higher Education Facilities Authority	Thurmont, Town of
College Park, City of	Middleton, Town of	Tri-County Council of Western Maryland
Crisfield, City of	Montgomery College	Tri-County Council for the Lower Eastern Shore
Crisfield Housing Authority	Morningside, Town of	University Park, Town of
Cumberland, City of	Mount Airy, Town of	Upper Marlboro, Town of
Cumberland, City of - Police Department	Mount Rainier, City of	Walkersville, Town of
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Page 3 of 3

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700
410-625-5555 OR 1-800-492-5909

**REEMPLOYMENT AFTER RETIREMENT FOR
RETIREEES OF THE STATE POLICE RETIREMENT SYSTEM**

RETIREMENT USE ONLY

FORM 128 (REV. 4/16)

VIDEO: For an overview of this information, go to sra.maryland.gov, select YouTube or Vimeo and watch "Reemployment After Retirement."

Keep your copy of this form on file as a handy reference for the future. You should also keep on hand your Notice of Retirement Allowance that the Retirement Agency will send to you as a new retiree. The Notice of Retirement Allowance includes information such as the amount of your monthly retirement allowance, the beneficiary you designated and your earnings limitation. To determine what, if any, earnings limitation applies and the effect, if any, on your retirement allowance, you need your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or special disability) and your earnings limitation. Then, apply the reemployment rules. Reemployment earnings are the annual reemployment compensation reported to the IRS that the retiree received during a calendar year. Note the reemployment rules do not apply while a retiree is participating in the State's Deferred Retirement Option Program (DROP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the State Retirement and Pension System (SRPS) you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the more differences between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an "independent contractor" may not meet the IRS' standard.

MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

Maryland law requires that there must be a minimum of 45 DAYS between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

SERVICE RETIREMENT

If you accept temporary employment (not in a regularly allocated position) with a *participating employer**, you must notify the Board of Trustees in writing of your intent to accept reemployment and the amount of your anticipated compensation. Temporary employment is defined as full time for 6 months or less or part-time for the equivalent of 6 months or less. Your retirement allowance will be reduced if your post retirement earnings exceed your earnings limitation. The benefit is reduced dollar for dollar up to a maximum of the full retirement allowance.

**A participating employer is any employer that offers State Retirement and Pension System benefits to its employees. A list of participating employers is printed on page three. Before accepting employment, contact the State Retirement Agency for updates to this list.*

(CONTINUED ON PAGE TWO)

I acknowledge that I have received this information about my obligation with regard to reemployment and I agree to notify the Board of Trustees of my anticipated earnings should I return to work. I also understand that, should I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until such time that any resulting overpayment of benefits is recovered.

987-65-4321
Social Security Number

Martin D. Trooper
Signature

sra.maryland.gov

5/12/2016
Date

Page 1 of 3

**MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT
SERVICE RETIREMENT
(CONTINUED FROM PAGE ONE)**

Reemployment rules for Service Retirement do not apply if you have been retired for more than 5 years. Rules also do not apply, if you accept permanent or contractual employment, unless you are reemployed on a contractual basis at the rank of Trooper First Class for more than four years.

DISABILITY RETIREMENT

Suspension of Disability Retirement: An Ordinary or Special Disability allowance shall be temporarily suspended if the retiree:

- Is not eligible for normal service retirement, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that is at least equal to the retiree's average final compensation at retirement.

There is no additional benefit accrued while employed. If suspended, the retiree's allowance will be reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. The retiree's allowance at time of reinstatement will be adjusted to reflect the accumulated cost of living adjustments during suspension. Please note that the temporary suspension of disability benefit causes the temporary suspension of retiree health insurance coverage.

Earnings Limitation for Ordinary Disability Retirees Only: An Ordinary Disability allowance shall be reduced if the retiree:

- Is under normal retirement age, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that exceeds the retiree's earnings limitation.

The reduction will be \$1.00 for every \$2.00 over the limit if the retiree has been retired less than 10 years. If the retiree has been retired 10 years or longer, the reduction will be \$1.00 for every \$5.00 over the limit.

An earnings limitation does not apply for Special Disability Retirees.

If you have any questions, call a Retirement Benefits Specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

Preliminary Application for Disability Retirement FORM 129

Protects the benefit payable to the beneficiary. Payment selection becomes effective if the applicant is approved for a disability retirement and dies before submitting the Application for Service or Disability Retirement (Form 13-23).

APPLICANT'S SECTION

- Applicant filing for ordinary or accidental disability must complete this form.
 - Must be submitted with the Statement of Disability Form (Form 20).
 - Applicant chooses either Option 2 or Option 1 as a payment selection. If Option 2 selected, applicant must supply beneficiary information on the form for one beneficiary only. If naming spouse, marriage date and State/jurisdiction must be completed.
 - Form must be signed and dated by applicant in the presence of notary public.
- Notary Reminders: The date the form was notarized must be the same date the form was signed by the member or retiree. The document is not legally binding if the notary did not actually witness the signature; or if there are any cross-outs or changes.
- Active death benefit will be paid if member is on payroll the date they die.

Do not write in any other option.

RETIREMENT COORDINATOR

- Be sure applicant has selected an Option. If Option 2 is selected, be sure the beneficiary information has been provided.
- Sign and date form.
- List agency name.
- Return original copy to the Maryland State Retirement Agency.

EMPLOYER

If the member is *unable* to apply, the Employees' System member's department head; the Teachers' System member's state or county superintendent of schools; with the consent of the member's State or county superintendent, their principal or supervisor may sign the Statement of Disability (Form-20), the Preliminary Application for Disability Retirement (Form-129), and the final retirement application (Form-13-23), selecting a retirement date and option on the member's behalf.

Application by Surviving Beneficiary: Surviving beneficiary may be eligible to apply for a benefit if member dies within seven days of completing the *Preliminary Application for Disability Retirement* (Form 129) and the Maryland State Retirement Agency receives the form and affidavit of signature within 30 days of member's death. Beneficiary should contact the MSRA for filing instructions.

Power of Attorney: Must attach an original copy

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

PRELIMINARY APPLICATION FOR DISABILITY RETIREMENT

RETIREMENT
USE ONLY

FORM 129 (REV. 2/13)

APPLICANT'S SOCIAL SECURITY NUMBER										HOME PHONE NUMBER										GENDER		DATE OF BIRTH									
1	2	3	-	4	5	-	6	7	8	9	4	1	0	-	1	2	3	-	6	7	8	9	F	0	5	0	5	1	9	6	4
APPLICANT'S NAME										Initial		Last		(M or F)		Month		Day		Year											
F	I	y	n	n						Q		T	r	a	u	m	a														
HOME ADDRESS																															
2	0	6		B	r	o	k	e	n		L	a	n	e																	
Number and Street																															
I	n	j	u	r	y																										
City																															
										M		D		2		1		9		1		1		0		0		0		0	
										State				Zip Code																	

Purpose. The purpose of filing a *Preliminary Application for Disability Retirement* (Form 129) is to protect the benefit payable to the beneficiary, designated below in Option 2, if I am granted a disability retirement allowance but die during the Applicable Period (as defined below). If I die after the expiration of the Applicable Period, this application shall have no force and effect and no benefits shall be payable under this application. "Applicable Period," for the purposes of this form, means the period that begins on the date that I submit a completed *Preliminary Application for Disability Retirement* (Form 129) to the Maryland State Retirement Agency and that ends on the first to occur of the following: (1) the date the applicant submits a completed *Application for Disability Retirement* (Form 13-23) or (2) the date required for submitting an *Application for Disability Retirement* (Form 13-23) under COMAR 22.06.05.03 - .04.

Application. By filing this *Preliminary Application for Disability Retirement* (Form 129) with the Maryland State Retirement Agency, I hereby apply for and accept a disability retirement allowance. I understand that a disability retirement benefit is payable under this Preliminary Application only if, during the Applicable Period, the Board of Trustees grants me a disability retirement allowance and I die before filing an *Application for Disability Retirement* (Form 13-23).

Effective Date. The effective date of my disability retirement shall be as provided in COMAR 22.06.05.06.

Selection of Allowance. Instead of the basic allowance, I hereby elect to receive a reduced allowance to be paid as one of the following options. Place an "X" next to the payment Option you choose - (1) or (2)



Option 1 - Lump Sum:

I elect to have the Option 1 allowance under which the present value of my retirement benefit is paid at my death in a lump sum to the most recent designation of beneficiary(ies) on file with the Maryland State Retirement Agency. The beneficiary designation can be changed by completing a *Designation of Beneficiary* (Form 4).



Option 2 - Survivor Annuity:

I elect to have the Option 2 allowance under which 100% of the allowance payable to me shall be paid to the beneficiary listed below for his or her lifetime. Only one beneficiary can be designated under Option 2. **You cannot designate a beneficiary under Option 2 who is more than 10 years younger unless the beneficiary is your spouse or disabled child.**

Complete only if you selected Option 2:

Beneficiary's Name: _____ Beneficiary's address: _____
 Birth Date: _____ Gender (circle): M F Relationship (check): Spouse ☐ Disabled child ☐ Other ☐
 If selecting Spouse, please indicate state/jurisdiction where marriage license was issued: _____
 Date of marriage: _____ I understand my beneficiary is required to provide the agency with proof of birth.

Effect of Pursuing Other Claims. I understand that if I die after having been granted an ordinary disability allowance but while pursuing a claim for an accidental disability allowance, the claim shall terminate and survivor benefits shall be payable for the ordinary disability retirement allowance, according to the optional form of allowance selected under that benefit.

If Power of Attorney signs, copy of Power of Attorney must accompany this application.

Applicant's Signature or

Signature of Power of Attorney: Flynn Q Trauma

Date: 6/1/2016

This form must be signed and notarized in order to be valid.

State of	Maryland	County of	Anne Arundel	(or City of Baltimore)
On this	1	day of	June	20 16
before me, the undersigned				
officer, personally appeared	Flynn Q Trauma	known to me		
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *				
(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.				
Signature of Notary Public	Karen P Coordinator	My Commission Expires		
Printed Name of Notary Public	Karen P Coordinator	5/1/2017		
* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.				

Retirement Coordinator Signature: Karen P Coordinator

Date 6/1/2016

Retirement Coordinator Printed Name: Karen P Coordinator

Agency State Highway Administration

LEOPS Reemployment After Retirement FORM 131

- This form must be signed by every LEOPS retiree at the time of retirement. It is mandatory.
- The purpose of this form is to inform the new retiree of the consequence of reemployment after retirement.
- The Reemployment After Retirement Form (original copy) should be filed with the Service or Disability Retirement Application, the Electronic Fund Transfer Sign-Up Form and the Federal and State Tax Withholding Request.
- A copy of this form should be retained by the retiree.
- The rules for reemployment after retirement can change. A retiree returning to employment should read the most current issue of this form available on the MSRA Web site before returning to employment.

Encourage the member to view reemployment videos on website www.sra.maryland.gov

PARTICIPATING EMPLOYERS * Maryland State Retirement and Pension System

State of Maryland
University System of Maryland
Baltimore City and All County Boards of Education (Teachers' System)
Community Colleges and All Public Libraries (Teachers' System)

Participating Governmental Units in the Employees' System as of July 1, 2015

Allegany College of Maryland	Federalsburg, Town of	Prince George's Community College
Allegany County Board of Education	Frederick County Board of Education	Prince George's County Board of Education
Allegany County Commission	Frostburg, City of	
Allegany County Housing Authority	Fruitland, City of	Prince George's County Crossing Guards
Allegany County Library	Garrett County Board of Education	Prince George's County Government
Allegany County Transit Authority	Garrett County Community Action Committee	Prince George's County Memorial Library
Annapolis, City of		Princess Anne, Town of
Anne Arundel County Board of Education	Greenbelt, City of	Queen Anne's County Board of Education
Anne Arundel County Community College	Greensboro, Town of	Queen Anne's County Commission
Berlin, Town of	Hagerstown, City of	Queenstown, Town of
Berwyn Heights, Town of	Hagerstown Community College	Ridgely, Town of
Bladensburg, Town of	Hampstead, Town of	Rock Hall, Town of
Bowie, City of - Police Dept. (LEOPS)	Hancock, Town of	St. Mary's County Board of Education
Brunswick, City of	Harford Community College	St. Mary's County Commission
Calvert County Board of Education	Harford County Board of Education	St. Mary's County, Housing Authority
Cambridge, City of	Harford County Government	St. Mary's County Metropolitan Commission
Caroline County Board of Education	Harford County Library	St. Michaels, Commissioners of
Caroline County Sheriff Deputies	Housing Authority of Cambridge	Salisbury, City of
Carroll County Board of Education	Howard Community College	Shore Up!
Carroll County Public Library	Howard County Board of Education	Snow Hill, Town of
Carroll Soil Conservation District	Howard County Community Action Committee	Somerset County Board of Education
Catoctin & Frederick Soil Conservation District	Hurlock, Town of	Somerset County Commission
Cecil County Board of Education	Hyattsville, City of	Somerset County Economic Development Commission
Cecil County Commission	Kent County Board of Education	Somerset County Sanitary District, Inc.
Cecil County Library	Kent County Commissioners	Southern Maryland Tri-County Community Action Committee
Centreville, Town of	Kent Soil and Water Conservation District	
Chesapeake Bay Commission	Landover Hills, Town of	Sykesville, Town of
Chestertown, Town of	La Plata, Town of	Takoma Park, City of
Cheverly, Town of	Lower Shore Private Industry Council	Talbot County Board of Education
College of Southern Maryland	Manchester, Town of	Talbot County Council
College Park, City of	Maryland Health & Higher Education Facilities Authority	Taneytown, City of
Crisfield, City of	Middletown, Town of	Thurmont, Town of
Crisfield Housing Authority	Montgomery College	Tri-County Council of Western Maryland
Cumberland, City of	Morningside, Town of	Tri-County Council for the Lower Eastern Shore
Cumberland, City of - Police Department	Mount Airy, Town of	University Park, Town of
Denton, Town of	Mount Rainier, City of	Upper Marlboro, Town of
District Heights, City of	New Carrollton, City of	Walkersville, Town of
Dorchester County Board of Education	North Beach, Town of	Washington County Board of Education
Dorchester County Commission	Northeast Maryland Waste Disposal Authority	Washington County Board of License Commission
Dorchester County Roads Board	Oakland, Town of	Washington County Library
Dorchester County Sanitary Commission	Oxford, Town of	Westminster, City of
Eastern Shore Regional Library	Pocomoke, City of	Worcester County Board of Education
Edmonston, Town of	Preston, Town of	Worcester County Commission
Emmitsburg, City of		Wor-Wic Community College

*NOTE: The list of employers that participate in the Maryland State Retirement and Pension System (SRPS) is subject to change at any time. This list is updated annually. To determine whether a particular employer participates in SRPS, call a retirement benefits specialist at 410-625-5555 or toll-free at 1-800-492-5909.

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**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700
410-625-5555 OR 1-800-492-5909**

**REEMPLOYMENT AFTER RETIREMENT FOR
RETIRES OF THE LAW ENFORCEMENT OFFICERS' PENSION SYSTEM**

RETIREMENT
USE ONLY

FORM 131 (REV. 4/16)

VIDEO: For an overview of this information, go to sra.maryland.gov, select YouTube or Vimeo and watch "Reemployment After Retirement."

Keep your copy of this form on file as a handy reference for the future. You should also keep your Notice of Retirement Allowance that the Retirement Agency will send to you as a new retiree. The Notice of Retirement Allowance includes information such as the amount of your monthly retirement allowance, the beneficiary you designated and your earnings limitation. To determine what, if any, earnings limitation applies and the effect, if any, on your retirement allowance, you need your Notice of Retirement Allowance to identify the type of retirement you are receiving (service, ordinary disability or accidental disability) and your earnings limitation. Then apply the reemployment rules. Reemployment earnings are the annual reemployment compensation reported to the IRS that the retiree received during a calendar year. Note the reemployment rules do not apply while a retiree is participating in the Deferred Retirement Option Program (DROP).

Under no circumstances should your decision to retire be conditioned upon an offer of reemployment, and in fact, no offers of reemployment should be discussed by you and your employer prior to your retirement. However, if after your retirement you consider reemployment with an employer that participates in the State Retirement and Pension System (SRPS) you need to be aware of two important issues: Internal Revenue Service (IRS) guidelines regarding reemployment and Maryland retirement law regarding reemployment.

INTERNAL REVENUE SERVICE GUIDELINES REGARDING REEMPLOYMENT

There can be significant consequences to you and the SRPS if you retire before the normal retirement age of your plan and/or before age 59 1/2, and are reemployed with the same employer without a bona fide separation of service. Please note that all units of Maryland state government, including the University System of Maryland, are considered one employer.

The IRS can impose a significant tax penalty on your income if you are under the age of 59 1/2, retire and begin receiving your monthly retirement benefits, and are reemployed by the same employer from whom you retired. In order to avoid this penalty there must be a bona fide separation from service between you and your former employer.

If you retire before your normal retirement age, there are also serious IRS consequences to the SRPS if a bona fide separation does not take place following retirement and prior to reemployment with the same employer.

While the IRS has not specifically defined what constitutes a bona fide separation from service, it is clear that the more differences between your last job before retirement and the job being performed upon your reemployment, and the longer the break between the date of your retirement and the date of your reemployment, the more likely it is that there has been a bona fide separation of service. If you are reemployed to perform the same job, even if there is a reduction in your work schedule, this would not likely qualify as a bona fide separation of service unless there is a lengthy break in employment. Even arrangements where you are rehired as an "independent contractor" may not meet the IRS' standard.

MARYLAND RETIREMENT LAW REGARDING REEMPLOYMENT

There must be a minimum of 45 DAYS between your retirement date and the date you are rehired by any employer that is a participating employer in the SRPS. All units of Maryland State government, including the University System of Maryland, are considered to be *one employer* under these reemployment rules.

Additionally, employment after retirement, under certain conditions, may cause your retirement allowance to be reduced.

SERVICE RETIREMENT

There is no earnings limit regardless of your employer. Your monthly benefit allowance will not be reduced by any earnings made after you have retired. If you are reemployed by a participating employer, you will not rejoin the system and you will not earn service credit from your new employment.

(FOR DISABILITY RETIREMENT RULES, PLEASE SEE PAGE TWO)

I acknowledge that I have received this information about my obligation with regard to reemployment and I agree to notify the Board of Trustees of my anticipated earnings should I return to work. I also understand that should I exceed the earnings limitations imposed by law, my monthly retirement allowance may be reduced or terminated until such time that any resulting overpayment of benefits is recovered.

789-56-1234
Social Security Number

Lynn E Officer
Signature

12/12/16
Date

sra.maryland.gov

Page 1 of 3

**DISABILITY RETIREMENT
(CONTINUED FROM PAGE ONE)**

Suspension of Disability Retirement: An ordinary or accidental disability allowance shall be temporarily suspended if the retiree:

- Is not eligible for normal service retirement, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that is at least equal to the retiree's average final compensation at retirement.

There is no additional benefit accrued while employed. If suspended, the retiree's allowance will be reinstated on the first day of the month following the month in which the retiree ceased employment with the participating employer. The retiree's allowance at time of reinstatement will be adjusted to reflect the accumulated cost-of-living adjustments during suspension. Please note that the temporary suspension of a disability benefit causes the temporary suspension of retiree health insurance coverage if a deduction was being made from your monthly benefit for this coverage.

Earnings Limitation for Ordinary Disability Retirees Only: A retiree receiving an ordinary disability allowance shall be subject to an earnings limitation if the retiree:

- Is under normal retirement age, and
- Is employed by a participating employer as a probationary status law enforcement officer, a law enforcement officer, or chief as defined in §3-101 of the Public Safety Article, and
- Is receiving an annual compensation that exceeds the retiree's earnings limitation.

The reduction will be \$1 for every \$2 earned in excess of the limit, if you have been retired less than 10 years. If you have been retired 10 years or longer, the reduction will be \$1 for every \$5 over the limit.

An earnings limitation does not apply for Accidental Disability Retirees.

If you have any questions, call a retirement benefits specialist at 410-625-5555 or toll free 1-800-492-5909 to understand how the reemployment provisions apply to you. We will make every effort to assist you in understanding your options, but it is your responsibility to advise us of your reemployment.

Verification of Retiree's Disabled Child FORM 143

Option 2/5 Beneficiary

Maryland law (§21-402) restricts who can be designated as a beneficiary under payment options 2 & 5. Retirees who select payment option 2 or 5 cannot name a beneficiary who is ten (10) or more years younger than the retiree unless that beneficiary is the retiree's spouse or disabled child.

Child must be disabled as certified by a physician to be named as the retiree's beneficiary under payment option 2 or 5.

APPLICANT

- Complete member and option selection information.
- Forward form to physician to complete Section II.
- Complete Section I: Retiree's Disabled Child.

PHYSICIAN

Physician completes Section II and submits completed form to the Maryland State Retirement Agency.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

VERIFICATION OF RETIREE'S DISABLED CHILD
FOR SELECTION OF OPTION 2/5 BENEFICIARY

FORM 143 (REV. 4/14)

IMPORTANT: Fill in all sections. Print in ink or type. This form must be submitted with your *Application for Service or Disability Retirement* (FORM 13-23, FORM 14-24, OR FORM 98-101) or *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66A.)

MEMBER'S SOCIAL SECURITY NUMBER

7 8 9 - 5 6 - 1 2 3 4

RETIREMENT DATE: 05/01/2016

RETIREMENT OPTION: ☒ OPTION 2 ☐ OPTION 5

MEMBER'S NAME

L y n n E O f f i c e r
First Initial Last

HOME ADDRESS

9 H u r t L a n e
Number and Street

H e r o M D 2 1 9 1 1 - 0 0 0 1
City State ZIP Code

PLEASE NOTE: In order to name your disabled child as your beneficiary under Option 2 or Option 5 of the optional forms of retirement allowance, your child must be disabled as certified by a physician in Section II of this form. An individual shall be considered to be disabled if he or she is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.

SECTION I: RETIREE'S DISABLED CHILD

GENDER DATE OF BIRTH

F 0 3 0 3 2 0 0 3
M or F Month Day Year

NAME OF DISABLED CHILD

H a z e l D C h i l d
First Initial Last

DISABLED CHILD'S ADDRESS 9 Hurt Lane, Hero, MD 21911

SECTION II: TO BE COMPLETED BY PHYSICIAN.

Please provide medical information regarding the nature of the disability for the patient identified in Section I of this form.

Diagnosis: Severe Traumatic Brain Injury

Description of Disability: TBJ after tragic fall on playground age 3. Lifetime care necessary.
Normal development delayed.

Is patient unable to engage in any substantial gainful activity by reason of the physical or mental impairment described above? ☒ YES ☐ NO

Is the impairment expected to result in death or to be of long-continued and indefinite duration? ☒ YES ☐ NO

Reporting physician's name and address: Samatha Childs, MD 5 Pediatric Way Trauma, MD 21911	Physician's signature <i>Samatha Childs MD</i> Telephone number 301.444.9999	Specialty Pediatric Trauma Date 4/18/2016
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NEED HELP?

If you need help completing this form, call a retirement benefits specialist at 410-625-5555 or 1-800-492-5909.

Trustee-to-Trustee Distribution FORM 193

- This Form is required if an individual selects Refund Choice No. 2 or Refund Choice No. 3 on the Application for Withdrawal of Accumulated Contributions (Form 5) to rollover part or all of their refund payment.
- Accompanying the *Trustee-to-Trustee Distribution Form* (Form 193) should be *Application for Withdrawal of Accumulated Contributions* (Form 5) and *Acknowledgement of Special Tax Notice and Affirmative Election* (Form 746) and *Special Tax Notice Regarding Plan Payments*.
- Rollover payments are made payable to the Financial Institution receiving the rollover for the benefit of the individual (e.g. National Bank for benefit of Robert Smith) and are mailed to the individual who must then deliver the check to the financial institution.

APPLICANT

Member completes Section I of the Trustee to Trustee Distribution form

FINANCIAL INSTITUTION

Financial institution receiving the direct rollover completes Section II. The financial institution sends completed forms to the MSRA for processing.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

**TRUSTEE-TO-TRUSTEE DISTRIBUTION FORM
FOR ROLLOVERS**

RETIREMENT USE ONLY Form 193 (REV. 5/16)

Purpose of this form: This form is used by an individual applying to receive a lump sum payment from the Maryland State Retirement Agency and who wants to rollover all or a portion of the payment to another qualified retirement plan.

Instructions

- Section I of this form is to be completed by the individual (the Payee) who is applying to receive the lump sum payment from the Retirement Agency.
- Section II of this form is to be completed by a representative of the financial institution who will be accepting the rollover.
- The completed form must be returned to the Maryland State Retirement Agency, 120 E. Baltimore Street, Baltimore, Maryland 21202-6700.
- Please print in ink, using one space per letter or number and skipping a space between words.
- Keep a copy of the completed form for your records.

SECTION I — To be completed by the Payee

SOCIAL SECURITY NUMBER												DAYTIME PHONE NUMBER												Ext. _____											
1	2	3	-	4	5	-	6	7	8	9	4	1	0	-	2	3	1	-	9	8	7	6													
NAME																																			
E d w a r d												J		E x a m p l e																					
First												Initial		Last																					
HOME ADDRESS																																			
9 N e w P a t h A v e																																			
Number and Street																																			
A n y w h e r e												M D		2 2 2 2 2 -																					
City												State		ZIP Code																					

TYPE OF DISTRIBUTION: Check [✓] Distribution Type:

- ☒ Withdrawal of Accumulated Contributions (Form 5)
- ☐ Withdrawal of Voluntary Funds (Form 742)
- ☐ Application for Payment of Lump Sum Deferred Vested Benefit (Form 742.1)
- ☐ Death Benefit (Surviving Spouse of Employee or Retiree) (Form 745)
- ☐ Withdrawal of Deferred Retirement Option Program (DROP) Account (Forms 505; 757)

Based on the distribution option I selected on my Withdrawal of Accumulated Contributions (Form 5), Withdrawal of Voluntary Funds (Form 742), Application for Payment of Lump Sum Deferred Vested Benefit (Form 742.1), Death Benefit Claim Form (Form 745) or Withdrawal of DROP Account (Forms 505; 757), I direct the SRA to do the following:

Check [✓] only one option to indicate payment selection.

☒ Pay to me my designated flat dollar refund amount of \$ 3,000

OR

☐ Pay to me all federal "NON-TAXABLE" funds to be determined at time of payment.

AND

The account balance will be made payable to your designated IRA or Eligible Employer Plan. (Note: distributions to a 457(b) governmental plan or a 403(a) annuity may not exceed the taxable amount.)

I understand the Agency may issue two checks to me: one payable to my order for an amount I elect to receive and the other payable to the order of both me and the IRA or Eligible Employer Plan that is to receive my rollover distribution. I understand that I am responsible for delivering the check for my rollover distribution directly to the IRA or Eligible Employer Plan for processing within 60 days after I receive the check, and I agree to do so.

SRA will not process more than one trustee-to-trustee distribution. Thus, if you want to move funds between IRA's and/or Eligible Employer Plans, contact the IRA or Eligible Employer Plan to which you are making the direct rollover to determine whether transfers are allowable.

I understand and agree to the above distribution conditions.

PAYEE (Signature): Edward J Example

DATE: 2/12/2016

NEXT PAGE ALSO MUST BE COMPLETED

Revised 5/26/2016

LEOPS – Deferred Retirement Option Program [DROP] FORM 504

APPLICANT'S SECTION

- Complete all sections on the form.
- Verify with MSRA eligibility to participate in DROP.
- Be sure to provide a daytime telephone number.
- Effective date of participation should be same date as the officer's retirement date.
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 504 along with Form 98-101 and binding letter of resignation.

RETIREMENT COORDINATOR'S SECTION

- Sign and date form.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

APPLICATION FOR THE DEFERRED
RETIREMENT OPTION PROGRAM (DROP)
LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)

RETIREMENT USE ONLY FORM 504 (REV. 7/11)

Important: Print in ink or type all entries except for signatures. Complete all sections of the application. Contact an Agency Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909 (toll-free) for assistance.

SECTION I - MEMBER INFORMATION

APPLICANT'S SOCIAL SECURITY NUMBER

9 9 9 - 9 9 - 9 9 9 9

DAYTIME TELEPHONE

4 4 3 - 9 9 9 - 9 9 9 9

APPLICANT'S NAME

L y n n

First

E

Initial

O f f i c e r

Last

HOME ADDRESS

9 H e r o L a n e

Number and Street

H e r o

City

M D 2 1 9 1 1 - 0 0 0 1

State

Zip Code

APPLICANT'S DATE OF BIRTH

0 9 - 0 9 - 1 9 7 2

Month

Day

Year

SECTION II - ELECTION TO PARTICIPATE; EFFECTIVE DATE OF PARTICIPATION

I hereby elect to participate in the Deferred Retirement Option Program (the "DROP") for members of the Law Enforcement Officers' Pension System effective on the first day of October 2016
Month Year

Prior to making this election, please read the "Special Tax Notice Regarding Plan Payments." This notice may be obtained by calling the numbers above or accessing the forms menu on the Agency Web site at sra.maryland.gov.

DROP PARTICIPATION PERIOD:

My DROP participation shall begin on the effective date specified above and shall continue for a period not to exceed the lesser of (check applicable period):

X 5 years

_____ Difference between 30 years and my creditable service as of the date of my election to participate in the DROP

_____ Insert number of years and months (which may not exceed 5 years)

ENDING DATE OF DROP PARTICIPATION PERIOD: 10/1/2021

My DROP participation shall end on: _____, which is the date I intend to separate from employment with my employer as evidenced by the binding letter of resignation that I have submitted to my employer and that is attached to this Application. My period of DROP participation will end before the date specified above if one of the following events occur: (1) my death; (2) my termination from employment by my employer for any reason before the date specified; or (3) my acceptance of a accidental disability retirement allowance.

EFFECT OF TERMINATION OF DROP PARTICIPATION PERIOD:

On the ending date of my DROP participation period, I intend to terminate my employment with my employer. The Agency shall begin paying a retirement allowance to me based on my creditable service and average final compensation as of the effective date of my participation in the DROP, increased by any cost of living adjustments payable during the DROP participation period. In addition, within 90 days after receipt of my Application for Withdrawal of DROP Account (SRA Form 505) and any other information that the State Retirement Agency requires to process the withdrawal, the Agency shall pay me (or my allowable designee) the amount accrued in the DROP for my benefit.

CONTINUED ON REVERSE SIDE

ACKNOWLEDGMENTS:

By submitting this application, I hereby acknowledge and certify, as follows:

(1) Understand the DROP. I have carefully reviewed the summary of the terms of the DROP and Section 26.401.1 of the pension article establishing the DROP that are attached to this Application. I have discussed any questions I have about retirement benefits payable under the DROP and the Law Enforcement Officers' Pension System with a retirement counselor at the State Retirement Agency.

(2) Irrevocable Election. My election to participate in the DROP is irrevocable.

(3) Retiree. As of the effective date of my DROP participation, I have retired from the Law Enforcement Officers' Pension System, and therefore, during my DROP participation period, I will not earn any additional service credits in, or make member contributions to the Law Enforcement Officers' Pension System.

(4) Agency Acceptance of Application. My election to participate in the DROP will not be accepted by the State Retirement Agency if I do not: (a) satisfy the eligibility requirements for the DROP specified in Ch. 395 of the Acts of Md. 2000; or (b) submit the required attachments specified in Section III of this Application. The Agency shall notify me promptly if it does not accept my application under these circumstances.

(5) Agency Audit of Retirement Account. The period of my participation in the DROP is subject to adjustment by the State Retirement Agency on audit of my retirement account. If the Agency makes any adjustments to my retirement account that affects my participation in the DROP, including the duration of my participation in the DROP, I understand that the Agency will notify me of the adjustment and I agree to promptly submit to the Agency a revised application to participate in the DROP.

(6) Unused Sick Leave. As of the effective date of my participation in the DROP, the Agency computed my normal service retirement allowance, granting me creditable service for my unused sick leave as provided in §20-206 of the pension article. If, at the end of my DROP participation period, I have any unused sick leave, I will not receive any additional creditable service and my retirement allowance will not be adjusted.

(7) Beneficiary. If I die before the end of the DROP participation period, the balance in my DROP account shall be payable as follows:

- (a) to my surviving spouse;
- (b) if I am not survived by my spouse, in equal shares to my children who have not attained age 18;
- (c) if I am not survived by my spouse or any child who is under age 18, to the person named as the beneficiary of my retirement allowance on the Application For Service Retirement (SRA Form 98) submitted with this application; or
- (d) if the person designated as the beneficiary of my retirement allowance on the SRA Form 98 is not living, to my estate.

(8) Voluntary Funds. I understand that participation in the DROP precludes me from withdrawing my voluntary funds, if any. The State Retirement Agency shall pay my voluntary money as an additional annuity over my lifetime. (if applicable)

(9) Accidental Disability Retirement. I understand that as a DROP member I am eligible for line of duty (accidental) disability benefits only if I am totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during my participation in the DROP, and without willful negligence on my part.

SECTION III — REQUIRED ATTACHMENTS: Attached to this application are the following:

- (1) Application For Service Retirement (SRA Form 98);
- (2) Binding Letter of Resignation (SRA Form 507) accepted by the Secretary of your Department or the Secretary's designee reflecting termination of my employment with my employer on the ending date of my DROP participation period; and
- (3) Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election (SRA Form 746)

SECTION IV

Applicant's Signature Lynn E Officer

Date 08/12/2016

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

Retirement Coordinator Signature: Karen R Coordinator

Date: 08/12/2016

Deferred Retirement Option Program (DROP) Summary

for Members of the Law Enforcement Officers' Pension System

Rev. 7/11

Eligibility to Participate	At least 25 but less than 30 years of creditable service in the Law Enforcement Officers' Pension System (LEOPS).
Participation Period	<p>Lesser of:</p> <ul style="list-style-type: none"> a. 5 years, b. Difference between 30 years and the member's creditable service as of the date the member elects to participate or c. A term selected by the member (which may not exceed five years).
How to Participate	<p>File an election form with the State Retirement Agency (SRA), stating:</p> <ul style="list-style-type: none"> a. Intent to participate in the DROP, b. Date when the member desires to retire, c. Period for participating, d. Date when the member intends to terminate employment in the form of a binding letter of resignation accepted by the secretary or secretary's designee and e. Election to participate in the DROP is irrevocable. <p>In addition, the member must file the SRA's retirement forms.</p>
LEOPS Benefits During DROP Participation	<p>A DROP participant is a "retiree" of the Law Enforcement Officers' Pension System and as a retiree:</p> <ul style="list-style-type: none"> a. Does not pay any member contributions, b. Does not accrue additional retirement service credit in LEOPS, c. Does not derive a benefit from any increases in earnable compensation or unused sick leave, d. Is not eligible to receive an ordinary disability retirement allowance, but may be eligible to receive an accidental disability retirement allowance and e. Is not subject to reemployment rules while participating in DROP.
DROP Benefits During DROP Participation	<p>SRA credits to the participant's DROP account:</p> <ul style="list-style-type: none"> a. Normal service retirement allowances that the participant would have received had he or she received pension payments as of the effective date of his or her participation in the DROP, b. Retiree cost-of-living adjustments payable when eligible and c. Interest on the balance in the account at the rate of 4% a year, compounded annually, effective July 1, 2011. <p>SRA will provide an annual statement of the balance in the participant's DROP account.</p>
DROP -- Accidental Disability Benefits	DROP participants are not eligible for ordinary disability retirement. DROP participants may apply for an accidental disability retirement allowance only if they are totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during their participation in the DROP, and without willful negligence on their part.
Participation Ends	<ul style="list-style-type: none"> a. On the DROP termination date selected by the participant, or b. If the employer terminates the participant's employment, or c. If the participant terminates employment early, or d. If the participant accepts an accidental disability retirement allowance, or e. If the participant dies.
Effect of End of DROP Participation	<p>Payment of balance in DROP account: Upon application for withdrawal of the accumulated DROP funds, the SRA will pay the amount accrued in the DROP account as directed. Any taxable amounts not rolled over to another tax deferred plan will be subject to mandatory federal and Maryland state withholdings. Please refer to the "Special Tax Notice Regarding Plan Payments" for important information regarding your options to continue to defer federal income tax on your plan benefits.</p> <p>Payment of LEOPS benefits: The SRA begins paying the normal service retirement allowance, increased by any cost-of-living adjustments occurring during DROP participation. The allowance is not adjusted for any increases in the member's earnable compensation or additional unused sick leave.</p>
DROP Death Benefits	If the participant dies prior to ending DROP participation, the balance in the DROP account is paid to the participant's surviving spouse. If not survived by a spouse, the participant's children who have not attained age 18 are entitled to the balance in the DROP account. If the DROP participant is not survived by a spouse or minor children, the balance in the account is payable to the designated beneficiary. SRA also begins paying the surviving spouse 50% of the participant's normal service retirement allowance (computed as of the date of the participant's election to participate in the DROP).
Other	While in DROP, a State participant is subject to the personnel law, regulations and policies applicable to an employee of the State. The participant continues to receive compensation, health insurance and other benefit options established under the State employee and retiree health and welfare benefit program.

Maryland State Retirement and Pension System • 120 E. Baltimore St., Baltimore, MD 21202-6700 • sra.maryland.gov

LEOPS – Deferred Retirement Option Program [DROP] FORM 505

DROP APPLICATION TO WITHDRAWAL

APPLICANT'S SECTION

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
-
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 505 along with Form 505.2, Form 746, Form 193, Form 131 and Form 85. Optional form 766, Form 77 and Form 4.

RETIREMENT COORDINATOR'S SECTION

- Sign and date form.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

APPLICATION FOR WITHDRAWAL OF DEFERRED
RETIREMENT OPTION PROGRAM (DROP) ACCOUNT
LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)

RETIREMENT
USE ONLY

FORM 505 (Rev. 3/13)

To be completed by member and forwarded to the agency retirement coordinator. (Print in ink or type. Use one space per letter or number and skip space between words.) Upon completion, make a copy for your records and forward the original form to the agency retirement coordinator. Allow 90 days for processing from the date of DROP termination, the date of receipt of the application (if later), or any other form needed to process payment. If you are exercising Choice #2 or #3, you must complete and return a Trustee-to-Trustee Distribution Form (Form 193).

SOCIAL SECURITY NUMBER

9 9 9 - 9 9 - 9 9 9 9

DAYTIME TELEPHONE

4 4 3 - 9 9 9 - 9 9 9 9

NAME

L y n n Initial E f f i c e r Last

HOME ADDRESS

9 H e r o L a n e

Number and Street

H e r o M D 2 1 9 1 1 -

City

State

Zip Code

County/Baltimore City (If Maryland resident) Anne Arundel

DATE OF BIRTH

0 9 0 9 1 9 7 2

Month

Day

Year

Termination Date of DROP Membership

1 0 0 1 2 0 2 1

Month

Day

Year

REFUND CHOICE NO. 1

☐ Entire amount refunded to me.

REFUND CHOICE NO. 2
(Complete Form 193)

☐ Refund \$ to me.
Balance transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) (If transferring to a 457(b) governmental plan or 403(a) annuity plan, the minimum payable to me is the non-taxable amount, if any.)

REFUND CHOICE NO. 3
(Complete Form 193)

☒ Entire amount transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) Both 457(b) governmental plans and 403(a) annuity plans prohibit a rollover of non-taxable funds from this plan.)

Any employer pickup contributions transferred under payment choices 2 or 3 lose their Post Tax Status for Maryland income tax purposes.

Mandatory federal income tax withholding at the rate of 20% on the taxable amount paid to you.

Are you a Maryland resident? Yes ☒ No ☐ For Maryland residents, state income tax withholding of 7.75% will be withheld from the taxable amount paid to you.)

TO THE BOARD OF TRUSTEES: My participation in the Deferred Retirement Option Program ("DROP") ended for one of the reasons specified in sec 26-401.1(g) of the State Personnel and Pensions Article of the Annotated Code of Maryland (the "Pension Article"). Accordingly, I hereby apply to receive the amount held by the Board of Trustees in my DROP account as of the date my participation ended. I understand that my election to terminate participation in the DROP is irrevocable. Finally, I understand that the State Retirement Agency of Maryland shall commence and continue payment of my normal service retirement allowance to me, including the cost of living adjustments, as of the first day of the month following termination of my participation in the DROP as provided in sec 26-401 and sec 26-402 of the Pension Article; provided however, if my participation in the DROP terminates because I have elected to receive an accidental disability retirement allowance, I hereby waive any benefits to which I may be entitled under sec 26-401.1 of the Pension Article on account of my participation in the DROP.

I understand that a prompt return of this Application is important to maximize tax advantages to me, and that a delay in the making of this Application may change the tax treatment of the DROP amount payable to me.

Signature Lynn E Officer

Date 8/24/2021

This form must be signed and notarized in order to be valid.

State of Maryland County of Anne Arundel (or City of Baltimore)

On this 24 day of August, 20 21, before me, the undersigned

officer, personally appeared Lynn E Officer, known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public Karen R Coordinator

Printed Name of Notary Public Karen R Coordinator

My Commission Expires 5/1/2022

* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

Retirement Coordinator Signature: Karen R Coordinator

Date: 8/24/2021

State Police – DROP FORM 505.2 Election to Terminate DROP

APPLICANT'S SECTION

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
-
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 505.2 along with Form 505, Form 746, Form 193, Form 131 and Form 85. Optional form 766, Form 77 and Form 4.

RETIREMENT COORDINATOR'S SECTION

- Sign and date form.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

ELECTION TO TERMINATE PARTICIPATION
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)

RETIREMENT USE ONLY FORM 505.2 (Rev. 9/10)

Important: Print in ink or type all entries except for signatures. Complete all sections. Contact an Agency Retirement Benefits Counselor at 410-625-5555 or toll free 1-800-492-5909 (toll-free) for assistance.

SOCIAL SECURITY NUMBER												DATE OF BIRTH									
9	9	9	-	9	9	-	9	9	9	9		F	0	9	0	9	1	9	7	2	
NAME												Gender (M or F)		Month		Day		Year			
L	y	n	n										O	f	f	i	c	e	r		
First												Initial		Last							
HOME ADDRESS																					
9	H	e	r	o	L	a	n	e													
Number and Street																					
MISCELLANEOUS																					
H	e	r	o										A	A			M	D	2	1	
City												MD County		State		Zip Code					
Country												Foreign Zip		E-mail Address (Optional)							
C/O												(443) 999-9999		()		()					
												Home Phone		Work Phone		Fax Number					

Pursuant to State Personnel and Pensions Article, § 26-401.1 (g) (4), I hereby elect to voluntarily terminate my participation in the Deferred Retirement Option Program (D.R.O.P.).

I have completed the following forms:

1. Form 505 Withdrawal of DROP Account
2. Form 746 Safe Harbor Notice & Election
3. Form 193 Trustee-to-Trustee Distribution Form (if applicable)

I understand that my election to terminate my participation from the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the D.R.O.P. and hereby elect to terminate my participation from the Deferred Retirement Option Program effective 10/1/2021.

Lynn E Officer

Signature of DROP Participant

08/24/2021

Date Signed

Karen R Coordinator

Designee's Signature

Department of Natural Resources

Agency Name

State Police – Deferred Retirement Option Program [DROP] FORM 506
BINDING LETTER OF RESIGNATION

APPLICANT'S SECTION

- Complete all sections on the form.
- Verify with MSRA eligibility to participate in DROP.
- Be sure to provide a daytime telephone number.
- Effective date of participation should be same date as the Applicant's retirement date.
- Form must be signed and dated by applicant

EMPLOYER SECTION

- Sign, date and submit form.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

**BINDING LETTER OF RESIGNATION
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
STATE POLICE RETIREMENT SYSTEM**

FOR RETIREMENT USE ONLY

FORM 506 (REV. 9/10)

Important: Print in ink or type all entries except for signatures. Complete all sections. Contact an Agency Retirement Specialist at (410) 625-5555 or 1-800-492-5909 (toll-free) for assistance.

SOCIAL SECURITY NUMBER

9 8 7 - 6 5 - 4 3 2 1

Gender
M or F ☒ M

Date of Birth
MO DAY YEAR
0 2 0 2 1 9 6 1

NAME

First MI Last
M a r t i a n D T r o o p e r

HOME ADDRESS

Number and Street Apartment/Suite
1 2 S a f e t y S t r e e t

MISCELLANEOUS

City MD County State Zip Code
L a w G A M D 2 1 0 0 - 0 0 0 0

C/O Home Phone Work Phone Fax Number
(410) 555 1234 (301) 555 1234 (443) 555 4321

Pursuant to State Personnel and Pension Article, §24-401.1 (e) (1) (i) 4, I hereby elect to participate in the Deferred Retirement Option Program (DROP). I have completed the following forms as a requirement of participation:

1. Form 756 Application for the Deferred Retirement Option Program
2. Form 14-24 Application for Service Retirement
3. Form 746 Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election

I will begin participation in the Deferred Retirement Option Program (DROP) effective 7/1/2016. My DROP termination date will be 7/1/2020.

I understand that my election to participate in the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the DROP and fully accept these conditions by signing and submitting this Binding Letter of Resignation.

Martin D Trooper

Signature of DROP Participant

5/12/2016

Date Signed

Karen P Coordinator

Designee's Signature

Maryland State Police

Agency Name

LEOPS– Deferred Retirement Option Program [DROP] FORM 507
BINDING LETTER OF RESIGNATION

APPLICANT'S SECTION

- Complete all sections on the form.
- Verify with MSRA eligibility to participate in DROP.
- Be sure to provide a daytime telephone number.
- Effective date of participation should be same date as the Applicant's retirement date.
- Form must be signed and dated by applicant

EMPLOYER SECTION

- Sign, date and submit form.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

**BINDING LETTER OF RESIGNATION
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
LAW ENFORCEMENT OFFICERS' PENSION SYSTEM (LEOPS)**

FOR RETIREMENT USE ONLY FORM 507 (REV. 3/10)

Important: Print in ink or type all entries except for signatures. Complete all sections. Contact an Agency Retirement Specialist at (410) 625-5555 or 1-800-492-5909 (toll free) for assistance.

SOCIAL SECURITY NUMBER

9 9 9 - 9 9 - 9 9 9 9

Gender
M or F **F**

Date of Birth **0 9 0 9 1 9 7 2**
MO DAY YEAR

NAME

First **L y n n** MI **E** Last **O f f i c e r**

HOME ADDRESS

9 H e r o L a n e Apartment/Suite

Number and Street

MISCELLANEOUS

H e r o City **A A** MD County **M D** State **2 1 9 1 1 - 0 0 0 1** Zip Code

C/O **443 999 9999** Home Phone **410 911 9999** Work Phone **()** Fax Number

Pursuant to State Personnel and Pension Article, §26-401.1 (e) (1) (i) 4, I hereby elect to participate in the Deferred Retirement Option Program (DROP). I have completed the following forms as a requirement of participation:

1. Form 504 Application for the Deferred Retirement Option Program
2. Form 98-101 Application for Service Retirement
3. Form 746 Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election

I will begin participation in the Deferred Retirement Option Program (DROP) effective 10/1/2016. My DROP termination date will be 10/1/2021.

I understand that my election to participate in the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the DROP and fully accept these conditions by signing and submitting this Binding Letter of Resignation.

Lynn E Officer

Signature of DROP Participant

8/12/16

Date Signed

Karen R Coordinator

Designee's Signature

Department of Natural Resources
Agency Name

Authorization for Release of Medical Records FORM 632

Disability Form 20 Member section

- Purpose of the form is to authorize the disclosure of health information to the Maryland State Retirement Agency as part of the application for disability benefits.
- Must be signed and dated by a member applying for a disability retirement.
- Must be witnessed. Retirement coordinator may sign and date the form as the witness.
- Forward the form to the State Retirement Agency. Retain a copy for employer records.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

SOCIAL SECURITY NUMBER

1 2 3 - 4 5 - 6 7 8 9

DATE OF BIRTH

0 2 - 0 2 - 1 9 6 4

Month Day Year

NAME

F l y n n
First

Q T r a u m a
Initial Last

1. In accordance with Maryland's Health General Article §4-303, I authorize the use or disclosure of the above-named individual's health information as described below.
2. The following individuals or organizations are authorized to make the disclosures:
Name of employing agency State Highway Administration
Name of physician(s) completing Physician's Medical Report Dr. Maria T Fracture
3. The health information may be disclosed to and used by the State Retirement and Pension System of Maryland, State Retirement Agency, 120 E. Baltimore Street, Baltimore, Maryland 21202 for the purpose of the application for disability retirement benefits.
4. The type and amount of information to be used or disclosed is as follows:
All Medical Records including but not limited to:
 - a. Workability evaluations
 - b. Examinations done by or at the request of the State Medical Director
 - c. Records submitted to the Workers' Compensation Commission
 - d. Medical documents, reports, etc. contained in any files maintained by the employing agency.
 - e. Treatment notes, test results, x-rays, MRI's or other diagnostic studies, correspondence, and reports from other physicians.
5. I understand that my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavior or mental health services, and/or treatment for alcohol and drug abuse.
6. I understand I may inspect or copy the information to be used or disclosed. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.
7. This authorization shall expire one year after the date of its execution.

If I have questions about disclosure of my health information, I can contact the State Retirement Agency and speak with a retirement benefits specialist.

Sign & Date

Flynn Q Trauma

APPLICANT'S SIGNATURE

6/1/16

DATE

Karen P. Coordinator

WITNESS SIGNATURE

Maryland State Retirement Agency, 120 East Baltimore St., Baltimore, MD 21202-6700 • 410-625-5555 / 1-800-492-5909 • sra.maryland.gov

Option Waiver FORM 703

- Form must be requested from the Maryland State Retirement Agency.
- Before the first check becomes normally due, member/retiree completes the top of form indicating previous allowance option selection and desired option selection. Form must be signed by member/retiree in the presence of a notary.
- Member/retiree submits notarized waiver form and a new final *Application for Service/Disability* to the Maryland State Retirement Agency. Member/retiree must submit beneficiary proof of birth if choosing a dual life annuity (Options 2, 3, 5 or 6).

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700

CHANGE OF PREVIOUS OPTION ELECTION

FOR RETIREMENT
USE ONLY

FORM 703 (REV. 8/15)

Instructions: A retiree may change the option he or she elected at retirement ONLY before the retiree's first benefit payment becomes normally due. A member wishing to change his or her previous option election must complete this form and return it to the Maryland State Retirement Agency. After a retiree's first benefit payment becomes normally due, the option cannot be changed.

APPLICANT'S SOCIAL SECURITY NUMBER 987-65-4321 GENDER F DATE OF BIRTH 06-08-1954
 APPLICANT'S NAME Harper Q Generic M or F Month Day Year
 First Initial Last
 HOME ADDRESS 987 Relaxation Way
 Number and Street
Happy MD 21999-0000
 City State ZIP Code
 Home email address: hgeneric@retired.com Retirement date: 07-01-2016
 Month Day Year

Certification

I do hereby certify that my previous election of Option 2 is of no effect and that in the event of my death, survivor benefits shall be paid according to Option 3.

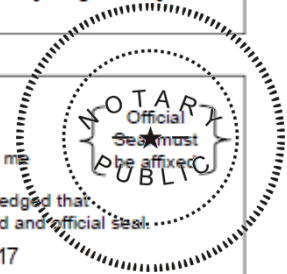
Signature Harper Q Generic Date 7/15/2016
 This form must be signed and notarized in order to be valid.

PRIMARY BENEFICIARY All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death. ☐ Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME FINN Y Generic RELATIONSHIP Spouse
 First Initial Last
123-45-6789 Gender: M Birthdate: 04-04-1989
 Beneficiary's Social Security Number (M or F) Month Day Year
 BENEFICIARY'S ADDRESS 987 Relaxation Way, Happy, MD 21999
Note: If you choose Option 2 or Option 5, you cannot designate a beneficiary who is more than 10 years younger than you unless the beneficiary is the your spouse or disabled child.

Notary must complete the following section.

State of Maryland County of Talbot (or City of Baltimore)
 On this 15 day of July, 2016, before me, the undersigned
 officer, personally appeared Harper Q Generic, known to me
 NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED
 (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.
 Signature of Notary Public Karen P Coordinator
 Printed Name of Notary Public Karen P Coordinator My Commission Expires 5/1/2017
 * IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.



A full description of each of the retirement allowance options is provided on page 2 of this form.

Retirement Allowance Options

BASIC ALLOWANCE: The Basic Allowance pays you the largest possible amount of money each month until your death. All monthly payments stop at your death, including beneficiary health coverage for state employees. After your death, your beneficiary or estate will receive one payment if your death occurs on the 16th of the month or later.

OPTION 1: Provides a lower monthly benefit than the Basic Allowance, but guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 1 does not provide for continued beneficiary health coverage after your death.

OPTION 2: Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

OPTION 3: Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

OPTION 4: Provides a lower monthly benefit than the Basic Allowance, but Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest, the remainder will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive. For state employees: Option 4 does not provide for continued beneficiary health coverage after your death.

OPTION 5: Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 5 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

OPTION 6: Provides a lower monthly benefit than the Basic Allowance, but guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime the month following the death of your beneficiary if your beneficiary dies before you. If your original beneficiary dies and you are collecting the Basic Allowance and decide to name a new beneficiary, your benefit will be recalculated under Option 6 based on the new beneficiary designation. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

Prior Period Payroll Adjustment FORM 714

Form is completed by retirement coordinator or payroll staff to report prior pay periods worked by members but not previously or properly reported to the Maryland State Retirement Agency (MSRA). Form 714 permits employers to adjust the following payroll data: status of employment, actual annual compensation, employee contribution, hours paid, standard hours, and percentage of time worked, pay period base salary, or annual earnable compensation.

- All form sections must be completed.
- Preparer Information: Include preparer name, title, direct telephone number and date.
- Member Information: Include the member's social security number, full name (Last, First, MI), system code and employer location.
- Complete all payroll fields with *corrected* payroll information.
- Page Total: Sum of all employee contributions on page.
- See reverse of form 714 for further instructions.
- Payment of Missed Contributions: If missed contributions are paid through payroll deductions or by the employer, the *Remittance Reconciliation Form*, *Revenue Control Transmittal* and the member's missing contributions plus interest must be submitted with Form 714 to properly credit the member's account.
- Send all forms to the attention of the Data Control Division- Payroll Unit.

Submission of the Form 714 without contributions will result in a bill being generated by MSRA to the member, and deficiency being placed on the member's account. Payment for any missed contributions can be made at *anytime* during an employee's membership. Interest is applied at the end of the each fiscal year.

PREPARER INFORMATION

PREPARER: Karen R. Coordinator
 TITLE: Retirement Coordinator
 DATE: 8/29/2016
 TELEPHONE NUMBER: 410-555-5555

PRIOR PERIOD PAYROLL ADJUSTMENT FORM

System	Location	Social Security Number	Name Last, First, Middle Initial	Job Title for Pay Period Indicated	Perm., Temp., Contr.	Pay Period Ending Date	Actual Annual Compensation	Employee Contribution Amount	Hours Worked	Standard Hours	% of Time	Pay Period Base Salary Paid	Annual Earnable Compensation	Adjustment Amount	Reason for Adjustment
6	6301	001-02-0003	Example, Anne, E	Teacher	Perm	05/10/16	50,000	175	080.0	080.0	100	2,500	50,000	17.50	retroactive salary increase
6	6301	001-02-0003	Example, Anne, E	Teacher	Perm	05/24/16	50,000	175	080.0	080.0	100	2,500	50,000	17.50	retroactive salary increase
6	6301	001-02-0004	Example, Anne, E	Teacher	Perm	06/07/16	50,000	175	080.0	080.0	100	2,500	50,000	17.50	retroactive salary increase
6	6301	001-02-0005	Example, Anne, E	Teacher	Perm	06/21/16	50,000	175	080.0	080.0	100	2,500	50,000	17.50	retroactive salary increase
							Total	700						Total	70.00

STATE RETIREMENT AND PENSION SYSTEM OF MARYLAND
PRIOR PERIOD PAYROLL ADJUSTMENT FORM FOR PENSION SYSTEM AND BIFURCATED MEMBERS
Telephone Number 410-625-4899 or Toll Free 1-800-492-5909

INSTRUCTIONS FOR PREPARING TRANSACTION CODE 714

NOTE: REPORT ALL PAY PERIODS WITHIN EACH MONTH BEING REPORTED

Please complete all information. Please do not send in duplicates or data that was previously reported on a prior SRA-714 Form. Send form to the attention of
Data Control Division- Payroll Unit.

Field	Description
System Code	"1" - Teachers Retirement, "2" - Employees Retirement, "3" - State Police "6" - Teachers Pension, "7" - Employees' Pension, "9" Law Enforcement Officers Pension
Location Code	As assigned by State Retirement Agency
Social Security Number	Individual Member Number
Member's Name	(Last, First, MI)- Format
Job Title	Indicate Job Title for period
Status of Employment	Identify employment as permanent, temporary, or contractual
Pay Period Ending Date	Month/Day/Year- Format (M,DD,YYYY)
Actual Annual Compensation	Member's Actual Annual Salary Rounded to whole dollars
Employee Contribution Amount	Amount Dollar and Cents of employee contribution amount withheld for the Pay Period
Hours Worked	Number of actual hours paid for the Pay Period
Standard Hours	Number of Normal or Regular hours for the full-time equivalent position during the pay period
Percentage (%) of Time	If Member is full-time fill with Zeros. If the member is part-time, enter the budgeted part time percentage.
Pay Period Base Salary Paid	Dollar and cents of actual base earnings for the pay period, exclusive of overtime, shift differential, Full-time Equivalent salary per employer's standard salary structure
Annual Earnable Compensation	
Adjustment Amount	Actual adjustment to correct the data being reported
Reason for Adjustment	State what the adjustment is for (i.e retro-salary adjustment, Sick Leave, refund, missed contribution, etc.) short description.

STATE RETIREMENT AGENCY
REVENUE CONTROL TRANSMITTAL

Agency Name: Maryland Public School

<u>TYPE CODE</u>	<u>SYSTEM</u>	<u>LOCATION</u>	<u>PPE DATE</u>	<u>AMOUNT</u>
<u>MSRA USE</u> <u>Only</u>	<u>6</u>	<u>6301</u>	<u>7/5/2016</u>	<u>\$9,070</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Total Check Amount \$ 9,070

Certified By: Karen P. Coordinator

Telephone: 410.555.5555

Date: 8/29/2016

**MARYLAND STATE RETIREMENT AGENCY
REMITTANCE RECONCILIATION FORM FOR PAYROLL DATA**

Purposes: To standardize the following:

- Reconciliation of employee contribution amounts to the reported payroll data
- Identification of retroactive employee contribution adjustments included with current payroll data to facilitate the State Retirement Agency's adjustment of member records

Employer Name: Maryland Public School

Employer Location(s): 6301

Pay Period Ending Date (one form for each pay period ending date): 7/5/2016

Contact Name and Telephone Number: Karen R Coordinator 410-555-5555

CASH REMITTANCE AS PER REVENUE CONTROL TRANSMITTAL **\$ 9,070.00**

PAYROLL DATA AMOUNTS AS PER EMPLOYER MEDIA (tape, diskette, C-SET)

- | | | |
|-----|--|--------------------|
| (a) | Employee contributions attributed to current pay period, as reported on current media (DO NOT REPORT RETROACTIVE ADJUSTMENTS) | \$ 9,000.00 |
| (b) | Sum of contributions for previously omitted and current period payroll data requiring SRA-714 (attach SRA-714 for each adjusted member record) | \$ 70.00 |
| (c) | Sum of prior period employee contribution adjustments
(Attach SRA Prior Period Employee Contribution Adjustment form) | \$.00 |

TOTAL ADJUSTED PAYROLL DATA AMOUNT (sum of a, b and c) **\$ 9,070.00**

**CASH PER REVENUE CONTROL TRANSMITTAL AMOUNT MUST EQUAL
TOTAL ADJUSTED PAYROLL DATA AMOUNT**

Reference Notes:

- (a) Represents employee contribution amounts remitted to the SRA applicable to the current pay period only. Retroactive prior pay period employee contribution adjustments not applicable to the current pay period must be separately manually reported in accordance with note(s) "b" or "c".
- (b) Employer's are required to submit an SRA-714 form to report current and prior pay periods worked by members not previously reported to the SRA. However, an abbreviated format is available to report adjustments that only impact the calculation of the employee contribution amount (see note c).
- (c) For previously reported pay periods where the employer correctly reported the data elements except for the calculation of the employee contribution amount, the employer must use the SRA's 'Prior Period Employee Contribution Adjustment Form' rather than the SRA-714 form.

Approved: _____

Distributed: _____

Special Tax Notice Receipt FORM 746

- This form must be signed to receive a payment distribution. It is mandatory. Refund checks cannot be issued until the Maryland State Retirement Agency receives this form.
- The purpose of this form is to acknowledge receipt of the Safe Harbor Notice and to affirm former member's direct rollover choice.
- Accompanying the *Acknowledgement of Special Tax Notice and Affirmative Election* (Form 746) should be *Application for Withdrawal of Accumulated Contributions* (Form 5) and *Trustee-to-Trustee Distribution Form* (Form 193) and *Special Tax Notice Regarding Plan Payments*.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

ACKNOWLEDGEMENT OF RECEIPT OF
SPECIAL TAX NOTICE REGARDING
YOUR ROLLOVER OPTIONS

RETIREMENT
USE ONLY

FORM 746 (Rev. 4/14)

Edward J Example
Name

1 2 3 - 4 5 - 9 8 7 6
Social Security Number

According to Internal Revenue Service regulations, the Agency must provide you with the Special Tax Notice Regarding Your Rollover Options, and the Agency requires that you acknowledge receipt of the Notice. Further, IRS regulations provide that a refund of accumulated contributions cannot be made from the System until at least 30 days after you receive the Special Tax Notice Regarding Your Rollover Options. Therefore, you have at least 30 days to consider whether or not to have your payment rolled over.

You may waive the 30-day notice period by signing this Acknowledgement below and filing it prior to the end of the 30-day notice period. However, regardless whether you sign and return the notice prior to the end of this notice period, be advised that requests are processed in the order that they are received, and it may take up to 90 days from the date the Agency receives your completed refund application package until you receive your refund check.

By signing this Acknowledgement below, you have agreed to the following:

1. That you have received the Special Tax Notice Regarding Your Rollover Options;
2. That you have had an opportunity to review the Notice with your tax advisor, accountant, attorney, or the IRS and understand your options with respect to receipt of a distribution from the Agency at this time;
3. That you affirmatively choose to rollover the distribution or not rollover the distribution by executing the appropriate Agency form; and
4. That you request the Agency to make a distribution of the funds in accordance with your instructions and you understand that, if you complete and submit this form prior to the end of the 30-day notice period, you have waived your right to the 30-day period to review the Special Tax Notice.

If you have any questions about this form, before signing it, telephone a retirement benefits counselor at 410-625-5555 or toll-free at 1-800-492-5909.

AGREED:

Signature: Edward J Example

Date: 2/12/16

Address: 9 New Path Avenue
Anywhere, MD 22222

SPECIAL TAX NOTICE REGARDING YOUR ROLLOVER OPTIONS

You are receiving this notice because all or a portion of a payment you are receiving from the **Maryland State Retirement and Pension System of Maryland** (the "Plan") is eligible to be rolled over to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

This notice is provided to you by the **State Retirement Agency** (your "Plan Administrator") because all or part of the payment that you will soon receive from the Plan may be eligible for rollover by you or your Plan Administrator to an IRA or an eligible employer plan. A rollover is a payment by you or the Plan Administrator of all or part of your benefit to another plan or IRA that allows you to continue to postpone taxation of that benefit until it is paid to you. Your payment cannot be rolled over to a SIMPLE IRA or a Coverdell Education Savings Account (formerly known as an education IRA). An "eligible employer plan" includes a plan qualified under section 401(a) of the Internal Revenue Code, including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity; and an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

This Notice is designed to satisfy the requirements of Section 402(f) of the Internal Revenue Code. The State Retirement Agency has customized the IRS Safe Harbor Explanation by omitting those portions of the Notice that do not apply to the Plan and by providing additional relevant information.

An eligible employer plan is not legally required to accept a rollover. Before you decide to roll over your payment to another employer plan, you should find out whether the plan accepts rollovers and, if so, the types of distributions it accepts as a rollover. You should also find out about any documents that are required to be completed before the receiving plan will accept a rollover. Even if an eligible employer plan accepts rollovers, it might not accept rollovers of certain types of distributions, such as after-tax amounts. If this is the case, and your distribution includes after-tax amounts, you may wish instead to roll your distribution over to an IRA or split your rollover amount between the employer plan in which you will participate and an IRA. If an eligible employer plan accepts your rollover, the plan may restrict subsequent distributions of the rollover amount or may require your spouse's consent for any subsequent distribution. A subsequent distribution from the plan that accepts your rollover may also be subject to different tax treatment than distributions from this Plan. Check with the administrator of the plan that is to receive your rollover prior to making the rollover.

Rules that apply to most payments from a plan are described in the "General Information About Rollovers" section. Special rules that only apply in certain circumstances are described in the "Special Rules and Options" section.

GENERAL INFORMATION ABOUT ROLLOVERS

How can a rollover affect my taxes?

You will be taxed on a payment from the Plan if you do not roll it over. If you are under age 59 ½ and do not do a rollover, you will also have to pay a 10% additional income tax on early distributions (unless an exception applies).

If you do a rollover to a traditional IRA or an eligible employer plan, you will not have to pay tax until you receive payments later from the IRA or plan, and the 10% additional income tax will not apply if those payments are made after you are age 59 ½ (or if an exception applies).

If you do a rollover to a Roth IRA, you will be taxed on the amount rolled over (reduced by any after-tax amount). However, if you are under age 59 ½ at the time of the rollover, the 10% additional income tax will not apply. See the section below titled "If you roll over your payment to a Roth IRA" for more details.

State Police – Deferred Retirement Option Program [DROP] FORM 756

APPLICANT'S SECTION

- Complete all sections on the form.
- Verify with MSRA eligibility to participate in DROP.
- Be sure to provide a daytime telephone number.
- Effective date of participation should be same date as the Applicant's retirement date.
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 756 along with Form 14-24 and binding letter of resignation.

RETIREMENT COORDINATOR'S SECTION

- Sign and date form.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

APPLICATION FOR THE DEFERRED
RETIREMENT OPTION PROGRAM (DROP)
STATE POLICE RETIREMENT SYSTEM

FOR RETIREMENT USE ONLY

FORM 756 (REV. 7/11)

Important: Print in ink or type all entries except for signatures. Complete all sections of the application. Contact an Agency Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909 (toll-free) for assistance.

SECTION I – MEMBER INFORMATION

APPLICANT'S SOCIAL SECURITY NUMBER

9 8 7 – 6 5 – 4 3 2 1

DAYTIME TELEPHONE

4 1 0 – 5 5 5 – 1 2 3 4

APPLICANT'S NAME

M a r t i a n D T r o o p e r
First Initial Last

HOME ADDRESS

1 2 S a f e t y S t r e e t
Number and Street

L a w M D 2 1 0 0 0 – 0 0 0 0
City State Zip Code

APPLICANT'S DATE OF BIRTH

0 2 – 0 2 – 1 9 6 1
Month Day Year

SECTION II – ELECTION TO PARTICIPATE; EFFECTIVE DATE OF PARTICIPATION

I hereby elect to participate in the Deferred Retirement Option Program (the "DROP") for members of the State Police Retirement System effective on the first day of July 2016
Month Year

Prior to making this election, please read the "Special Tax Notice Regarding Plan Payments." This notice may be obtained by calling the numbers above or accessing the forms menu on the Agency Web site at sra.maryland.gov.

DROP PARTICIPATION PERIOD:

My DROP participation shall begin on the effective date specified above and shall continue for a period not to exceed the lesser of (check applicable period):

☒ 4 years

_____ Difference between 28 years and my eligibility service as of the date of my election to participate in the DROP

_____ Difference between age 60 and my age as of the date of my election to participate in the DROP

_____ Insert number of years and months (which may not exceed 4 years)

ENDING DATE OF DROP PARTICIPATION PERIOD: 7/1/2020

My DROP participation shall end on: 7/1/2020, which is the date I intend to separate from employment with the Maryland State Police as evidenced by the binding letter of resignation that I have submitted to the Maryland State Police and that is attached to this Application. My period of DROP participation will end before the date specified above if one of the following events occur: (1) my death; (2) my termination from employment by the Maryland State Police for any reason before the date specified; or (3) my acceptance of a special disability retirement allowance.

EFFECT OF TERMINATION OF DROP PARTICIPATION PERIOD:

On the ending date of my DROP participation period, I intend to terminate my employment with the Maryland State Police. The Agency shall begin paying a retirement allowance to me based on my creditable service and average final compensation as of the effective date of my participation in the DROP, increased by any cost of living adjustments payable during the DROP participation period. In addition, within 90 days after receipt of my Application for Withdrawal of DROP Account (SRA Form 757) and any other information that the State Retirement Agency requires to process the withdrawal, the Agency shall pay me (or my allowable designee) the amount accrued in the DROP for my benefit.

CONTINUED ON REVERSE SIDE

ACKNOWLEDGMENTS:

By submitting this application, I hereby acknowledge and certify, as follows:

(1) **Understand the DROP.** I have carefully reviewed the summary of the terms of the DROP and Section 24-401.1 of the pension article establishing the DROP that are attached to this Application. I have discussed any questions I have about retirement benefits payable under the DROP and the State Police Retirement System with a retirement counselor at the State Retirement Agency.

(2) **Irrevocable Election.** My election to participate in the DROP is irrevocable.

(3) **Retiree.** As of the effective date of my DROP participation, I have retired from the State Police Retirement System, and therefore, during my DROP participation period, I will not earn any additional service credits in, or make member contributions to, the State Police Retirement System.

(4) **Agency Acceptance of Application.** My election to participate in the DROP will not be accepted by the State Retirement Agency if I do not: (a) satisfy the eligibility requirements for the DROP specified in Ch. 122 of the Acts of Md. 1999; or (b) submit the required attachments specified in Section III of this Application. The Agency shall notify me promptly if it does not accept my application under these circumstances.

(5) **Agency Audit of Retirement Account.** The period of my participation in the DROP is subject to adjustment by the State Retirement Agency on audit of my retirement account. If the Agency makes any adjustments to my retirement account that affects my participation in the DROP, including the duration of my participation in the DROP, I understand that the Agency will notify me of the adjustment and I agree to promptly submit to the Agency a revised application to participate in the DROP.

(6) **Unused Sick Leave.** As of the effective date of my participation in the DROP, the Agency computed my normal service retirement allowance, granting me creditable service for my unused sick leave as provided in §20-206 of the pension article. If, at the end of my DROP participation period, I have any unused sick leave, I will not receive any additional creditable service and my retirement allowance will not be adjusted.

(7) **Beneficiary.** If I die before the end of the DROP participation period, the balance in my DROP account shall be payable as follows:

- (a) to my surviving spouse;
- (b) if I am not survived by my spouse, in equal shares to my children who have not attained age 18;
- (c) if I am not survived by my spouse or any child who is under age 18, to the person named as the beneficiary of my retirement allowance on the Application For Service Or Disability Retirement (SRA Form 14/24) submitted with this application; or
- (d) if the person designated as the beneficiary of my retirement allowance on the SRA Form 14/24 is not living, to my estate.

(8) **Voluntary Funds.** I understand that participation in the DROP precludes me from withdrawing my voluntary funds, if any. The State Retirement Agency shall pay my voluntary money as an additional annuity over my lifetime. (if applicable)

(9) **Special Disability Retirement.** I understand that as a DROP member I am eligible for line of duty (special) disability benefits only if I am totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during my participation in the DROP, and without willful negligence on my part.

SECTION III — REQUIRED ATTACHMENTS: Attached to this application are the following:

- (1) Application For Service Or Disability Retirement (SRA form 14/24);
- (2) Binding Letter of Resignation (SRA Form 506) accepted by the Secretary of the State Police or the Secretary's designee reflecting termination of my employment with the Maryland State Police on the ending date of my DROP participation period; and
- (3) Acknowledgement of Receipt of Safe Harbor Notice and Affirmative Election (SRA Form 746)

SECTION IVApplicant's Signature Martin D TrooperDate 5/12/2016**RETIREMENT COORDINATOR COMPLETES THIS SECTION:**Retirement Coordinator Signature: Karen P CoordinatorDate: 5/12/2016

Deferred Retirement Option Program (DROP) Summary

for Members of the State Police Retirement System

Rev. 7/11

Eligibility to Participate	At least 22 but less than 28 years of eligibility service in the State Police Retirement System (SPRS) and under age 60.
Participation Period in DROP	<p>Lesser of:</p> <ul style="list-style-type: none"> a. 4 years, b. Difference between 28 years and the member's eligibility service as of the date the member elects to participate, c. Difference between age 60 and the member's age as of the date the member elects to participate or d. A term selected by the member (which may not exceed four years).
How to Participate in DROP	<p>File an election form with the State Retirement Agency (SRA), stating:</p> <ul style="list-style-type: none"> a. Intent to participate in the DROP, b. Date when the member desires to retire, c. Period for participating, d. Date when the member intends to terminate employment with the State Police in the form of e. a binding letter of resignation accepted by the MSP and e. Election to participate in the DROP is irrevocable. <p>In addition, the member must file the SRA's retirement forms.</p>
SPRS Benefits -- During DROP Participation	<p>A DROP participant is treated as a "retiree" of the State Retirement and Pension System (SRPS) and:</p> <ul style="list-style-type: none"> a. May not make any member contributions, b. Does not accrue additional service credit in the SPRS, c. Will not derive a benefit from any increases in earnable compensation or unused sick leave, d. Is not eligible to receive an ordinary disability retirement allowance, e. May be eligible to receive a special disability retirement allowance and f. Is not subject to reemployment rules while participating in DROP.
DROP Benefits -- During DROP Participation	<p>SRA credits to the participant's DROP account:</p> <ul style="list-style-type: none"> a. Normal service retirement allowances that the participant would have received had he or she retired as of the effective date of his or her participation in the DROP, b. Retiree cost-of-living adjustments payable when eligible and c. Interest on the balance in the account at the rate of 4% a year, compounded annually, effective July 1, 2011.
DROP reporting	SRA will provide a participant with an annual statement of the balance in the participant's DROP account.
DROP -- Accidental Disability Benefits	DROP participants are not eligible for ordinary disability retirement. DROP participants may apply for a special disability retirement allowance only if they are totally and permanently incapacitated for duty as a result of an accident or condition that arises out of or in the course of the actual performance of duty during their participation in the DROP, and without willful negligence on their part.
When DROP Participation Ends	<ul style="list-style-type: none"> a. At the end of the period selected by the participant, or b. If the State Police terminates the participant's employment, or c. If the participant elects to shorten the DROP participation period by terminating employment with the State Police, or d. If participant accepts a special disability retirement allowance.
Effect of End of DROP Participation	<p>Payment of balance in DROP account: Upon application for withdrawal of the accumulated DROP funds, the SRA will pay the amount accrued in the DROP account as directed. Any taxable amounts not rolled over to another tax deferred plan will be subject to mandatory federal and Maryland state withholdings. Please refer to the "Special Tax Notice Regarding Plan Payments" for important information regarding your options to continue to defer federal income tax on your plan benefits.</p> <p>Payment of SPRS benefits: The SRA begins paying the normal service retirement allowance, increased by any cost-of-living adjustments occurring during DROP participation. The allowance is not adjusted for any increases in the member's earnable compensation or additional unused sick leave.</p>
DROP Benefits -- Death	The balance in the DROP account is paid to the participant's surviving spouse. If not survived by a spouse, the participant's children who have not attained age 18 are entitled to the balance in the DROP account. If the DROP participant is not survived by a spouse or minor children, the balance in the account is payable to the designated beneficiary. SRA also begins paying the surviving spouse 80% of the participant's normal service retirement allowance (computed as of the date of the participant's election to participate in the DROP).
Other	While in DROP, a participant is subject to the personnel law, regulations and policies applicable to an employee of the State Police. The participant continues to receive compensation, health insurance and other benefit options established under the State employee and retiree health and welfare benefit program.

Maryland State Retirement and Pension System • 120 E. Baltimore St., Baltimore, MD 21202-6700 • sra.maryland.gov

State Police – Deferred Retirement Option Program [DROP] FORM 757

DROP APPLICATION TO WITHDRAWAL

APPLICANT'S SECTION

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
-
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 757 along with Form 757.2, Form 746, Form 193, Form 128 and Form 85. Optional form 766, Form 77 and Form 4.

RETIREMENT COORDINATOR'S SECTION

- Sign and date form.

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700**

**APPLICATION FOR WITHDRAWAL OF DEFERRED
RETIREMENT OPTION PROGRAM (DROP) ACCOUNT
STATE POLICE RETIREMENT SYSTEM**

RETIREMENT
USE ONLY

FORM 757 (Rev. 3/13)

To be completed by member and forwarded to the Maryland State Police Retirement Coordinator. (Print in ink or type. Use one space per letter or number and skip space between words.) Upon completion, make a copy for your records and forward the original form to the agency retirement coordinator. Allow 90 days for processing from the date of DROP termination, the date of receipt of the application (if later), or any other form needed to process payment. If you are exercising Choice #2 or #3, you must complete and return a *Trustee-to-Trustee Distribution Form* (Form 193).

SOCIAL SECURITY NUMBER

9 8 7 - 6 5 - 4 3 2 1

DAYTIME TELEPHONE

4 1 0 - 5 5 5 - 1 2 3 4

NAME

M a r t i n T r o o p e r

First

Initial

Last

HOME ADDRESS

1 2 S a f e t y S t r e e t

Number and Street

L a w M D 2 1 0 0 0 - 0 0 0 0

City

State

Zip Code

County/Baltimore City (If Maryland resident) Garrett

DATE OF BIRTH

0 2 0 2 1 9 6 1

Month

Day

Year

Termination Date of DROP Membership

0 7 0 1 2 0 2 0

Month

Day

Year

REFUND CHOICE NO. 1

☐ Entire amount refunded to me.

**REFUND CHOICE NO. 2
(Complete Form 193)**

☐ Refund \$_____ to me.
Balance transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) (If transferring to a 457(b) governmental plan or 403(a) annuity plan, the minimum payable to me is the non-taxable amount, if any.)

**REFUND CHOICE NO. 3
(Complete Form 193)**

☒ Entire amount transferred to an "eligible retirement plan" (Traditional IRA, 401(a) plan, 403(a) or (b) annuity, 408A Roth IRA or 457(b) governmental plan.) Both 457(b) governmental plans and 403(a) annuity plans prohibit a rollover of non-taxable funds from this plan.)

Any employer pickup contributions transferred under payment choices 2 or 3 lose their Post Tax Status for Maryland income tax purposes.

Mandatory federal income tax withholding at the rate of 20% on the taxable amount paid to you.

Are you a Maryland resident? Yes ☒ No ☐ For Maryland residents, State income tax withholding of 7.75% will be withheld from the taxable amount paid to you.

TO THE BOARD OF TRUSTEES: My participation in the Deferred Retirement Option Program ("DROP") ended for one of the reasons specified in sec 24-401.1(g) of the State Personnel and Pensions Article of the Annotated Code of Maryland (the "Pension Article"). Accordingly, I hereby apply to receive the amount held by the Board of Trustees in my DROP account as of the date my participation ended. I understand that my election to terminate participation in the DROP is irrevocable. Finally, I understand that the State Retirement Agency of Maryland shall commence and continue payment of my normal service retirement allowance to me, including the cost of living adjustments, as of the first day of the month following termination of my participation in the DROP as provided in sec 24-401 and sec 24-403 of the Pension Article; provided however, if my participation in the DROP terminates because I have elected to receive a special disability retirement allowance, I hereby waive any benefits to which I may be entitled under sec 24-401.1 of the Pension Article on account of my participation in the DROP.

I understand that a prompt return of this Application is important to maximize tax advantages to me, and that a delay in the making of this Application may change the tax treatment of the DROP amount payable to me.

Signature Martin D. Trooper

Date 6/20/2020

This form must be signed and notarized in order to be valid.

State of Maryland County of Garrett (or City of Baltimore)
On this 20 day of June, 2020, before me, the undersigned

officer, personally appeared Martin D Trooper, known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public Karen P Coordinator

Printed Name of Notary Public Karen P Coordinator

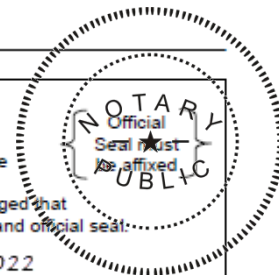
My Commission Expires 05/1/2022

* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

RETIREMENT COORDINATOR COMPLETES THIS SECTION:

Retirement Coordinator Signature: Karen P Coordinator

Date: 6/20/2016



State Police – DROP FORM 757.2 Election to Terminate DROP

APPLICANT'S SECTION

- Complete all sections on the form.
- Be sure to provide a daytime telephone number.
-
- Form must be signed and dated by applicant in the presence of a notary public.
- File Form 757 along with Form 757.2, Form 746, Form 193, Form 128 and Form 85. Optional form 766, Form 77 and Form 4.

RETIREMENT COORDINATOR'S SECTION

- Sign and date form.

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700**

**ELECTION TO TERMINATE PARTICIPATION
DEFERRED RETIREMENT OPTION PROGRAM (DROP)
STATE POLICE RETIREMENT SYSTEM**

FOR RETIREMENT USE ONLY FORM 757.2 (Rev. 9/10)

Important: Print in ink or type all entries except for signatures. Complete all sections. Contact an Agency Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909 (toll-free) for assistance.

SOCIAL SECURITY NUMBER															DATE OF BIRTH						
9	8	7	-	6	5	-	4	3	2	1	M	0	2	0	2	1	9	6	1		
										Gender (M or F)	Month	Day	Year								
NAME																					
M	a	r	t	i	a	n				D	T	r	o	o	p	e	r				
First										Initial	Last										
HOME ADDRESS																					
1	2	S	a	f	e	t	y	S	t	r	e	e	t								
Number and Street														Apartment/Suite							
MISCELLANEOUS																					
L	a	w								G	A	M	D	2	1	0	0	0	-		
City										MD County		State	Zip Code								
Country										Foreign Zip		E-mail Address (Optional)									
C/O										#(410) 555 1234		#(01) 555 1234		()							
										Home Phone		Work Phone		Fax Number							

Pursuant to State Personnel and Pensions Article, § 24-401.1 (g) (5), I hereby elect to voluntarily terminate my participation in the Deferred Retirement Option Program (D.R.O.P.).

I have completed the following forms:

1. Form 757 Withdrawal of DROP Account
2. Form 746 Safe Harbor Notice & Election
3. Form 193 Trustee-to-Trustee Distribution Form (if applicable)

I understand that my election to terminate my participation from the DROP is irrevocable.

I have read and understood the rules and regulations pertaining to all aspects of the D.R.O.P. and hereby elect to terminate my participation from the Deferred Retirement Option Program effective 7/1/2020.

Martin D Trooper
Signature of DROP Participant

6/20/2020
Date Signed

Karen P Coordinator
Designee's Signature

Maryland State Police
Agency Name

Federal and State Tax Withholding Request FORM 766

- This form is used for RETIREES to authorize Federal and Maryland State tax deductions from their monthly Maryland State Retirement and Pension System retirement payments.
- Form 766 should be filed with the Application for Service or Disability Retirement, the Direct Deposit-Electronic Fund Transfer Sign-Up Form (Form 85) and the Reemployment After Retirement Form (Form 127).

PART I – FEDERAL TAX WITHHOLDING

Designate withholding preference by doing **ONE** of the following:

- Check off #1 for NO Federal Tax withholding.
OR
- Check off #2, stating the marital status and number of exemptions, to have the agency's automated system determine the amount of withholding.
OR
- Check off **BOTH** #2 and #3, stating the appropriate marital status, number of exemptions and flat dollar amount. The withholding will be based on a COMBINATION of these items.

PART II – STATE TAX WITHHOLDING

Designate withholding preference by doing **ONE** of the following:

- Check off #1 (non-Maryland residents) for NO State tax withholding.
OR
- Check off #2 (Maryland residents) for NO State tax withholding.
OR
- Check off #3 to indicate a whole dollar amount to be withheld. The Maryland Income Tax Division (see telephone number on back of form) or a competent tax advisor can help determine the withholding amount. The retirement agency cannot compute this amount for the retiree.

MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MD 21202-6700

FEDERAL AND MARYLAND STATE
TAX WITHHOLDING REQUEST

RETIREMENT USE ONLY

FORM 766 (Rev. 2/16)

You must file one combined form covering both your Federal and State tax withholding elections. Selections made to Part I (Federal) or Part II (Maryland State) on this form will revoke your prior tax withholding selections. Each Section (Part I Federal or Part II State) of the Tax Withholding Form that is not completed in accordance with form instructions will not be processed.

If you have more than one retirement account, please select the account applicable to this tax withholding request: ☒ Retiree ☐ Beneficiary ☐ All

PART I – FEDERAL TAX WITHHOLDING CERTIFICATE

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P. Under current federal law, you cannot only designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3 below. If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P. If you do not submit Form W-4P, the Agency must withhold periodic payments as if you are married claiming 3 exemptions.

Form W-4P Department of the Treasury Internal Revenue Service	Withholding Certificate for Pension or Annuity Payments	2016
Type or print your first name and middle initial Harper Q	Last name Generic	Your social security number 987 65 4321
Home address (number and street or rural route) 987 Relaxation Way		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code Happy, Maryland 21999-0000		

Complete the following applicable lines.

- 1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete lines 2 or 3.) ☐
- 2 Enter the total number of allowances you are claiming for withholding from each periodic pension or annuity payment on this line, and check the appropriate marital status box below. (Note: You must enter a number on the line and check a box. You also may designate an additional amount on line 3.) **2**
Marital status: ☐ Single or Married, but withhold at higher "Single" rate ☒ Married (Enter number of allowances.)
- 3 Additional dollar amount, if any, you want withheld from each pension or annuity payment. (Note: You also must complete all parts of line 2 above by entering the number (including zero) of allowances and checking the marital status box.) **.00**

YOUR SIGNATURE **Harper Q Generic** DATE **5/20/16**
THIS FORM IS NOT VALID UNLESS YOU SIGN IT. Form W-4P (2014)

PART II – MARYLAND STATE INCOME TAX WITHHOLDING REQUEST

Please check the appropriate block indicating your election. Check only one.

1. ☐ I am NOT a Maryland resident. Do not withhold Maryland income tax.
2. ☐ I AM a Maryland resident but I do not wish to have Maryland income tax withheld.
3. ☒ Withhold Maryland income tax from each monthly pension payment the following whole dollar amount: **\$ 200 .xx**

Return this form to the Maryland State Retirement Agency at the address above.

Your Signature **Harper Q Generic** Date **5/20/16**
Daytime Phone #: **(410) 555.1234**

**IT IS IMPORTANT THAT YOU CAREFULLY READ THE FOLLOWING PAGE OF THIS FORM.
THIS FORM IS NOT VALID UNLESS YOU SIGN.**

**Part I
FEDERAL INCOME TAX WITHHOLDING**

The monthly retirement payments you receive from the Maryland State Retirement and Pension System may be subject to Federal income tax withholding. For further information, please refer to Internal Revenue Service Publication 575 regarding the taxability of pension and annuity income.

As a retiree, the following Federal income tax withholding alternatives are available to you:

1. You may elect not to have Federal income tax deducted from your monthly retirement payment, or
2. You may claim a certain number of exemptions and have the Maryland State Retirement and Pension System deduct the appropriate amount, if any, in accordance with the Federal income tax tables and you may designate an additional specific whole dollar amount to be withheld from your monthly retirement payment.

If you elect not to have Federal withholding apply to your monthly retirement payments, or if you do not have enough Federal income tax withheld, you may be responsible for payment of estimated tax. You may incur penalties under the Internal Revenue Service estimated tax rules if your withholding and estimated tax payment are not sufficient. New retirees, especially, should see IRS Publication 505.

**Part II
MARYLAND STATE INCOME TAX WITHHOLDING**

The monthly retirement payments you receive from the Maryland State Retirement and Pension System may be subject to Maryland income tax withholding.

As a retiree and a Maryland resident, the following Maryland income tax withholding alternatives are available to you:

1. You may elect not to have Maryland income tax deducted from your monthly retirement payment, or
2. You may designate a specific whole dollar amount to be withheld from your monthly retirement payment.

If you elect not to have Maryland withholding apply to your monthly retirement payments, or if you do not have enough Maryland income tax withheld, you may be responsible for payment of estimated tax.

NOTE: The Maryland State Retirement Agency does NOT withhold state income taxes for states other than Maryland.

An election of any one of the alternatives will remain in effect until you revoke it. You may revoke or change your election at any time by filing a new Federal and Maryland State Tax Withholding Request.

The Maryland State Retirement Agency cannot assist you in the preparation of tax returns. Please contact the Internal Revenue Service at 1-800-829-1040, the Comptroller's Taxpayer Service Information Line at 410-260-7980 (in Central Maryland) or 1-800-638-2937, or a tax consultant for any assistance.

To receive additional copies of the Federal and Maryland State Tax Withholding Request form, or for other information concerning your retirement benefits, call 410-625-5555, or toll free in Maryland 1-800-492-5909, or visit our website at sra.maryland.gov.

SEE PRECEDING PAGE FOR FEDERAL AND MARYLAND STATE TAX WITHHOLDING REQUEST

FORM 766 (Rev. 2/16)

Additional Instructions:

*Section references are to the Internal Revenue Code.
Agency refers to the Maryland State Retirement Agency.*

When should I complete the form? Complete Form W-4P and give it to the payer as soon as possible. Get Pub. 505, Tax Withholding and Estimated Tax, to see how the dollar amount you are having withheld compares to your projected total federal income tax for 2016. You may also use the Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim on your Form W-4P.

Multiple pensions/more-than-one-income. To figure the number of allowances that you may claim, combine allowances and income subject to withholding from all sources on one worksheet. You may file a Form W-4P with each pension payer, but do not claim the same allowances more than once. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4P for the highest source of income subject to withholding and zero allowances are claimed on the others.

Other income. If you have a large amount of income from other sources not subject to withholding (such as interest, dividends, or capital gains), consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Call 1-800-TAX-FORM (1-800-829-3676) to get Form 1040-ES and Pub. 505. You can also get forms and publications from the IRS website at www.irs.gov/formspubs.

Withholding From Pensions and Annuities

Generally, federal income tax withholding applies to the taxable part of payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans; from individual retirement arrangements (IRAs); and from commercial annuities. The method and rate of withholding depend on (a) the kind of payment you receive, (b) whether the payments are delivered outside the United States or its commonwealths and possessions, and (c) whether the recipient is a nonresident alien individual, a nonresident alien beneficiary, or a foreign estate. Qualified distributions from a Roth IRA are nontaxable and, therefore, not subject to withholding. See special withholding rules that apply to payments outside the United States and payments to foreign persons.

Because your tax situation may change from year to year, you may want to refigure your withholding each year. You can change the amount to be withheld by using lines 2 and 3 of Form W-4P.

Choosing not to have income tax withheld. You (or in the event of death, your beneficiary or estate) can choose not to have federal income tax withheld from your payments by using line 1 of Form W-4P. For an estate, the election to have no income tax withheld may be made by the executor or personal representative of the decedent. Enter the estate's employer identification number (EIN) in the area reserved for "Your social security number" on Form W-4P. You may not make this choice for eligible rollover distributions.

Caution. *There are penalties for not paying enough federal income tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see Pub. 505. It explains your estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your pension or annuity using Form W-4P.*

Periodic payments. Withholding from periodic payments of a pension or annuity is figured in the same manner as withholding from wages. Periodic payments are made in installments at regular intervals over a period of more than 1 year. They may be paid annually, quarterly, monthly, etc.

If you want federal income tax to be withheld, you must designate the number of withholding allowances on line 2 of Form W-4P and indicate your marital status by checking the appropriate box. Under current law, you cannot designate a specific dollar amount to be withheld. However, you can designate an additional amount to be withheld on line 3. If you do not want any federal income tax withheld from your periodic payments, check the box on line 1 of Form W-4P and submit the form to your payer. However, see Payments to Foreign Persons and Payments Outside of the United States.

Caution. *If you do not submit Form W-4P to your payer, the payer must withhold on periodic payments as if you are married claiming three withholding allowances. Generally, this means that tax will be withheld if your pension or annuity is at least \$1,720 a month.*

If you submit a Form W-4P that does not contain your correct Social Security number (SSN), the payer must withhold as if you are single claiming zero withholding allowances even if you checked the box on line 1 to have no federal income tax withheld.

There are some kinds of periodic payments for which you cannot use Form W-4P because they are already defined as wages subject to federal income tax withholding. These payments include retirement pay for service in the U.S. Armed Forces and payments from certain nonqualified deferred compensation plans and deferred compensation plans of exempt organizations described in section 457. Your payer should be able to tell you whether Form W-4P applies.

For periodic payments, your Form W-4P stays in effect until you change or revoke it. Your payer must notify you each year of your right to choose not to have federal income tax withheld (if permitted) or to change your choice.

Changing Your "No Withholding" Choice

Periodic Payments. If you previously chose not to have federal income tax withheld and you now want withholding, complete another Form W-4P and submit it to your payer.

Payments to Foreign Persons and Payments Outside the United States

Unless you are a nonresident alien, withholding (in the manner described above) is required on any periodic or nonperiodic payments that are delivered to you outside the United States or its possessions. You cannot choose not to have federal income tax withheld on line 1 of Form W-4P. See Pub. 505 for additional details.

In the absence of a tax treaty exemption, nonresident aliens, nonresident alien beneficiaries, and foreign estates generally are subject to a 30% federal withholding tax under section 1441 on the taxable portion of a periodic or nonperiodic pension or annuity payment that is from U.S. sources. However, most tax treaties provide that private pensions and annuities are exempt from withholding and tax. Also, payments from certain pension plans are exempt from withholding even if no tax treaty applies. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for details. A foreign person should submit Form W-8BEN, Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding, to the payer before receiving any payments. The Form W-8BEN must contain the foreign person's taxpayer identification number (TIN).

Statement of Federal Income Tax Withheld From Your Pension or Annuity

By January 31 of next year, your payer will furnish a statement to you on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc., showing the total amount of your pension or annuity payments and the total federal income tax withheld during the year. If you are a foreign person who has provided your payer with Form W-8BEN, your payer instead will furnish a statement to you on Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, by March 15 of next year.